



***Innovative Therapeutic
Riding Program***

Mailing Address: P.O. Box 51571, Idaho Falls, ID 83405
Volunteer Coordinator: Jenna 208-539-7910
Arena Location: 7055 West 33rd South, Idaho Falls, ID 83402

Volunteer Application 2017

Date: _____

Applicants Name: _____

Address: _____

Phone: H: _____ **Cell:** _____ **Work:** _____

Email: _____

Date of Birth: _____

Age: _____

Male /Female: _____

Employer/School: _____

Employer Contact: _____

Address: _____

Phone: _____

Parent/Guardian: _____

Address: _____

Phone: H: _____ **Cell:** _____ **Work:** _____

Volunteer Interests

Please check any areas of interest that you would like to participate in as an ITRP volunteer.

ITRP Program volunteering for:

- o Buckaroos (children 3-8yrs.)
- o Greater Strides (3 - 18 with disabilities)
- o Trailblazers (9-18yrs.)
- o Making Strides (19-up with disabilities)
- o Equine Experience for the Elderly

Program Volunteer

- o Leading a horse
- o Side walking with a student
- o Fence building
- o Facility repairs
- o Construction
- o Horse transport
- o Hay transport
- o Horse monitoring

Competition

- o Horse show
- o Away horse shows/competition

Administration

- o Public Relations
- o Fund Raising
- o Newsletter
- o Volunteer recruitment
- o Telephone/Computer work

Volunteer Authorization for Emergency Medical Treatment 2017

Name: _____ -

Address: _____

City/State/Zip: _____

Phone: Home _____ Cell: _____ Work: _____ -

Physician's Name: _____

Health Insurance Company: _____ Policy #: _____ -

Allergies: _____

Current Medications: _____

In the event of an emergency please contact:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Preferred Medical Facility:

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of participating in, or receiving ITRP services, or while being on the property of Schaefer Livestock, dba Box T Barn and Stables, I authorize the ITRP to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person listed below is unable to be reached

Print Name: _____

Consent signature:

Date:

(Volunteer, Participant, Parent/Legal Guardian if minor)

Authorization for Emergency Medical Treatment Form 2017

(Continued)

Non-Consent Plan

I do not give my permission for emergency medical treatment/aid in the case of illness or injury during the process of participating in, or receiving ITRP services, or while being on the property of Schaefer Livestock, dba Box T Barn and Stables. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Print Name: _____

Non-Consent Signature: _____

(Volunteer, Participant, Parent/Legal Guardian)

Date: _____

Liability -Hold Harmless- Assumption of Risk 2017

Please read carefully before signing

I, _____, the undersigned have read and understand and freely and voluntarily enter into this Release and Hold Harmless Agreement with Innovative Therapeutic Riding Program, LLC (hereinafter referred to as ITRP). I understand that this Release and Hold Harmless Agreement is a **Waiver of any and all liabilities** that may be incurred by me as result of volunteering for ITRP

1. I understand that ITRP makes EVERY effort to maintain very high standards of safety in the following areas: Administration, Program, and Facilities as determined by the governing agency for therapeutic riding centers, Professional Association of Therapeutic Horsemanship International (PATH Intl.) Nevertheless, I understand that accidents can occur and I agree to hold ITRP and Schaefer Livestock, dba Box T Barn and Stables harmless in the event of such accident.
2. HELMET USE: I understand that under the PATH Intl. standards for safety, **ALL** participants, volunteers, and personnel (adults and minors) in any ITRP mounted or driving activity are required to, and in fact WILL wear, protective headgear that is American Society for Testing and Materials-Safety Equipment Institute (ASTM-SEI) approved for equestrian use. If helmets do not meet these standards, they will meet the "PATH Intl. Guidelines for Alternative Helmet Use." As a volunteer, I agree to abide by this standard at all times.
3. I understand that myself or my minor child working with and around the horses of ITRP on Schaefer Livestock, dba Box T Barn and Stables property as a client, staff, member or volunteer has inherent risks that have been minimized as much as possible by ITRP. Nevertheless, I understand that accidents can occur and I agree to hold ITRP harmless in the event of such accident.
4. I understand the potential dangers that I or my minor child could incur in being with, walking with, grooming, tacking, mounting, riding, dismounting, feeding horses, and using equipment around and with the horses, including but not limited to any interactions with other horses at the ITRP facility. Understanding those risks for myself or my minor child, I hereby release ITRP and Schaefer Livestock, dba Box T Barn and Stables from any liability whatsoever in the event of injury or damage of any nature or death to me, my child, or anyone else caused by or incidental to my electing to have myself or my child be involved with the horses and equipment of ITRP. This release of liability applies to ITRP, Schaefer Livestock, dba Box T Barn and Stables, their officers, directors, trustees, agents, shareholders, instructors, therapists, staff, volunteers, representatives, successors, assigns, and anyone else

directly or indirectly connected with ITRP or Schaefer Livestock, dba Box T Barn and Stables.

5. I further voluntarily agree and warrant to Release and Hold Harmless all of the above named organizations and people for any and all manner of claims demands and damages of every kind or nature whatsoever, which I may now, or in the future have against ITRP or Schaefer Livestock, dba Box T Barn and Stables, and not limited to any incident caused by or related to negligence by the above named, including but not limited to injuries, death, or property damage from: being with, walking with, grooming, tacking, mounting, riding, dismounting, feeding horses; using equipment around and with the horses; and use of horse barn, Paddock, trails or arenas in any capacity.
6. **WARNING: UNDER IDAHO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES PURSUANT TO C.R.S. 13-21-120.**

I, the undersigned, hereby intending to be legally bound for myself, my child, my heirs, assigns, executors, or administrators, understand and recognize and warrant that this Release and Hold Harmless Agreement is being voluntarily and intentionally agreed to and signed. This agreement waives and forever releases, acquits, discharges and holds harmless all claims for damages against ITRP or Schaefer Livestock, dba Box T Barn and Stables.

Participant's/Volunteer's Name (Please Print): _____

Participant's/Volunteer's Signature: _____

Print name of minor: _____

Print Name of adult/legal guardian:

Signature of adult/legal guardian:

Date: _____

Witnessed by: _____

Volunteer Photo Consent Form 2017

Volunteer's Name (please print): _____

I hereby authorize Innovative Equine Therapy (ITRP) the use of my name, picture, video, and/or audio or digital recording, associated with the ITRP program. I expressly waive any and all rights which I may have, under any applicable local, state, and federal laws or any common-law claim, against ITRP and or Schaefer Livestock, dba Box T Barn and Stables or/ any staff, board member, volunteers or instructors. I hereby agree to and consent to the foregoing assignment and waiver.

Participant's Signature: _____

Date: _____

Parent or legal Guardian (if under 18):

Date: _____

Volunteer Health History 2017

Date: _____

Name: _____

Address: _____

Phone: (H) _____ (C) _____ (W) _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ M/F

Employer/School: _____

Parent/Legal Guardian Name and Address:

Health History:

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Please address fitness, cardiac, respiratory, bone/joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies: _____

Medications: _____

Recent Vaccinations: _____

I understand that the information provided is accurate and to the best of my knowledge. I am not aware of any reason that would prevent my participation as a volunteer in the ITRP Program.

Signature: _____

Date: _____

Volunteer Background Information 2017

Name:

Date: _____

Have you ever been charged with, or convicted of a crime? Yes/No

If Yes, please

explain: _____

I, _____ (volunteer/employee name), authorize ITRP to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize ITRP, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature _____

Date: _

Current Driver's License: Yes/No

MUST PROVIDE DRIVERS LICENSE NUMBER

Driver License Number _____

State: _____

Volunteer Confidentiality Agreement 2017

This confidentiality agreement is made between Innovative Therapeutic Riding Program, referred to as ITRP, and _____

Please print name here. (Referred to as "the Volunteer")

ITRP is engaged in equine assisted activities and therapy for individuals with disabilities, youth-at-risk, abused and neglected children, and the elderly. The Volunteer may be engaged in assisting ITRP instructors by leading horses, side walking, and preparing the facility, and various other program related duties. Information about ITRP riders and participants may be disclosed to the Volunteers from time to time to permit them to properly employ safety measures. The Volunteer agrees to protect the confidential material and information which may be disclosed between ITRP and the Volunteer. Therefore the Volunteer agrees to the Following:

- 1: Confidential information: the term "confidential Information" means any medical information or material which is private to ITRP riders, Participants and their parents or guardians.
- 2: Protection of Confidential Information: The Volunteer understands and acknowledges that the Confidential Information is to be considered privileged Information. Therefore, the Volunteer agrees to hold in confidence and to not disclose the Confidential Information to any person or entity.
- 3: The Volunteer agrees to not disclose information about the ITRP Participant's

BY:

Volunteer Signature: _____

Print Name: _____

Date: _____