



Application and t-shirt fee - \$25 PD _____
For office use only Tshirt size _____

Saddle Up Riding Club

Volunteer Registration

Name _____

Email _____

Home Phone _____ Work Phone _____

Cell Phone _____

Address _____ City _____

State _____ Zip Code _____

Birthdate _____ Age _____

Place of Employment _____

How did you hear about saddle Up Riding Club? _____

Are you a Military Veteran? Yes No

Experience working with (in years): Horses _____ Disabled Population _____

What is the best way to get a hold of you? (Please circle one): HOME WORK E-MAIL

OTHER: _____

Significant Medical History: _____

Specialty Certifications (CPR, First Aid, EMT, RN, OTR, PT, LPN, etc.) list type and
Expiration: _____

*(Minors only) Parent/ Guardian Name: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Areas of Interest: (please check all interested in)

Side Walking Horse Handler

Administrative Fundraising

Special Events Horse Care

Volunteer Ability

Please write down days and times that you are able to:

Volunteer:

Substitute:

In case of emergency contact:

Name	Relationship	Day Phone	Evening Phone

Physician's Name: _____ Phone: _____.

Preferred Medical Facility _____

Medical Consent Plan- Please sign EITHER the consent or non-consent plan

In the event emergency medical aid/ treatment are required due to illness or injury during the process of volunteering, or while being on the property of the agency, I authorize Saddle Up Ridding Club to secure and retain medical treatment and transportation if needed. This authorization also includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "Lifesaving" by the physician. This provision will only be invoked if the person listed below or the emergency contact person is unable to be reached.

Date _____ Consent Signature _____

Medical Non- Consent Plan

I do not give my consent for emergency medical treatment/ aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/ aid are required, I wish the following procedures to take place:

Date _____ Non-Consent Signature _____

(Volunteer or Parent / Guardian if Volunteer is under 18)

UNCONTIONAL GENERAL RELEASE

WARNING-UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERIT RISKS OF EQUINE ACTIVITIES.

I, _____, a participant, client, volunteer, or student or the legal guardian of a participant, client, volunteer or student (Participant) in program, event, or activity taking place under the sponsorship of or at the facilities of Saddle Up Ridding Club, Inc., a Florida not for profit corporation (Saddle Up), hereby give consent and approval to the participation of Participant in any and all programs, events, or activities taking place under the sponsorship of or at the facilities of Saddle Up (“Activities”). I fully understand that my decision to be a Participant or to allow such person named above to be a Participant, poses risks of person injury, property damage, death and/ or other loss that may arise while participating in the Activities. I assume all risk and hazards incidental to the conduct of the Activities as well as transportation to and from all Activities.

In consideration of Participants being allowed to participate in the Activities, on behalf of Participant, Participants heirs, personal or legal representatives, successors and assigns, I hereby irrevocably and unconditionally release, and covenant not to sue Saddle Up Riding Club, Scott and Angela Colman, Lucky C Ranch or the owner of any horse used at Saddle Up Riding Club, owners, directors, officers, employees, agents, independent contractors, representatives, attorneys, successors, and assigns, and all persons acting by, through, under, or in concert with, any of them (collectively the releases), from any and all claims or causes of action whatsoever, in law or in equity, whether known or unknown at this time, based on any

action, cause or thing occurring on, prior to, or following the date hereof, and, in particular, without limiting the generality of the foregoing, all claims arising out of or relating to the Activities, even if such liability or damage results from the sole negligence of the Releases.

I hereby authorize the Releases to act in their discretion on behalf of Participant in providing, requesting, or authorizing the provision of emergency medical services (Emergency Services). I acknowledge full responsibility for any charges associated with the rendering of any and all Emergency Services, and I indemnify the Releases from any and all claims, expenses, or other charges related to their decision to provide or to not provide Emergency Services.

I understand and agree that this document shall be construed according to the laws of the State of Florida, and that this Unconditional General Release shall be as broad and inclusive as is permitted by the laws of the State of Florida. If any portion of this document is held to be invalid or of no force or effect, I agree that the balance shall continue in full force and effect. This unconditional General Release shall be immediately effective upon its execution.

Date _____ Signature _____

(Volunteer)

Date _____ Signature _____

(Parent or Guardian if under 18)

Photo Release

I consent to and authorize the use and reproduction by Saddle Up Riding Club of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Date _____ Signature _____

(Volunteer)

Date _____ Signature _____

(Parent or Guardian if under 18)

Confidentiality Agreement/Policy

I understand that Confidentiality is essential regarding all aspects of this program. Please respect the dignity and privacy of our clients and their families. I agree to keep student’s name, agree, diagnosis and any other medical or personal information confidential.

Date _____ Signature _____

Background Checks

Have you ever been convicted of a criminal offense: Yes No

If yes please explain: _____

All volunteer applicants over the age of 18 are subject to a criminal background check before they begin their service at Saddle Up Ridding Club. Saddle Up Riding Club reserves the right to reject applicants who have been convicted of crimes involving violence, alcohol, theft, and any other crime we feel poses a possible risk to our students, staff and/ or horses. Likewise, Saddle Up Riding Club has the right to reject applicants who refuse to cooperate in a criminal records check. Record checks are completed through the Pinellas Sheriff’s Office. Inquires include Social Security number verification as well as information from the National Criminal File, which includes state criminal records, prison parole, and release files and sex offender registries.

All information will be kept STRICTLY CONFIDENTIAL.

Signature if over 18 years old

_____-_____-_____
Social Security Number