

**READY
SET
RIDE** Therapeutic Recreation Facility

VOLUNTEER INFORMATION FORM

Name: _____ Date of Birth: _____

Street Address: _____

City, State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

How did you learn about Ready Set Ride? _____

Everyone must learn the basics around the barn such as grooming the horses, cleaning stalls and equipment, and tacking up the horses. In addition, **circle** below what interests you.

Which areas interest you:

Leading A Horse
During A Session

Side-walking

Yard Work

Photos/Videos

Building Improvements

Newsletter

How many years of horse experience do you have? (Not required to be a volunteer) _____

Explain: (lessons, owner, summer camp) _____

"WARNING: UNDER THE EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES."

PHOTO AND MEDIA RELEASE

I consent to the use and reproduction by Ready Set Ride of any and all photographs and any other audio-visual materials taken of me for promotional material, education activities, exhibitions or for any other use for the benefit of the program.

Consent Signature: (VOLUNTEER PARENT OR GUARDIAN) _____

_____ Date

Location:

13056 Essington Road
Plainfield, Illinois 60585

815.439.3659

www.readysetride.org

Mailing Address:

P.O. Box 1113
Plainfield, Illinois 60544

HORSEBACK RIDING AND RELATED ACTIVITIES RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

Please read carefully before signing

WARNING

Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to person or property resulting from the risk of equine activities.

* Ready Set Ride will herein be known as and referred to as RSR

The Participant expressly agrees that RSR Therapeutic Recreation Facility it's employees, officers directors, shareholders, agents, owners, guides, instructors, volunteers, Joseph and/or Leticia Tages and other independent contractors shall **NOT BE LIABLE** for any property damages, personal injuries or losses arising from injuries sustained by the Participant in, on or as a result of the Participant using the facilities, equipment, or horses, jumping rails, and other related paraphernalia, or horses in, on or about the premises of RSR Therapeutic Recreation Facility or any riding or jumping , trail, or route. The Participant therefore hereby fully and forever release and discharge RSR Therapeutic Recreation Facility, it's employees, officers, directors, shareholders, agents, owners, guides, instructors, volunteers, Joseph and/or Leticia Tages, and other independent contractors from **any and all** claims, demands, damages, rights of action or cause of action present or future whether known or unknown, anticipated or unanticipated, resulting from or arising out of the Participant's use or intended use of the facilities, equipment horses, jumping rails, and related paraphernalia thereof or any riding or jumping, trail or route.

Please initial to show that you agree _____.

Participant represents that Participant is in good physical condition and has no disability impairment, ailment, allergy or feat that prevents or hinders Participant from engaging in active or passive exercise including horseback riding or that will be detrimental to Participant's health, safety comfort or physical condition. Participant agrees to the terms of the Release for good and valuable consideration including the right to participate in sport of horseback riding.

Please initial to show that you agree _____.

I fully understand that an animal (horse), irrespective of its training and usual past behavior and characteristics, may act or react unpredictably based on instinct or fright, and that even the most gentle horse, when provoked or frightened may rear, buck, run away or otherwise act in an unpredictable and dangerous manner. In addition, weather including but not limited to: wind, thunder, hail, lightening or snow sliding off the roof, may cause a horse to rear, buck, run away or otherwise act in an unpredictable and dangerous manner.

Please initial to show that you agree _____.

Participant agrees to inspect the premises and equipment before each use and to bring to the attention of the management any defects or dangerous conditions. Participant understands that management makes no representations express or implied regarding the condition of the premises and equipment. **Participant assumes all risks.**

Please initial to show that you agree _____.

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Participant agrees that Participant shall be responsible for any and all attorneys fees and costs incurred by RSR Therapeutic Recreation Facility, it's employees, officers directors, shareholders, agents, owners, guides, instructors, volunteers, Joseph and/or Leticia Tages, and other independent contractors, and their respective insurers in the defense of any claim for personal injuries, property damages or losses brought by Participant or because of any act or omission of Participant, against RSR Therapeutic Recreation Facility, it's employees, officers, directors, shareholders, agents, owners, guides, instructors, volunteers, Joseph and/or Leticia Tages, or other independent contractors. Participant has read this document and understands that this is a legally binding release. Participant executes this document freely and knowingly.

Please initial to show that you agree _____.

Protective Headgear: I understand that **ALL** riders **MUST** wear protective headgear. I agree that for myself and on behalf of my child and/or legal ward have been fully warned and advised by RSR that an ASTM/SEI approved helmet must be worn while riding and being in the proximity of horses.

Please initial to show that you agree _____.

Signature of Participant:
(if over 18 years old)

Date

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

Address: _____

City: _____ State: _____ Zip Code: _____

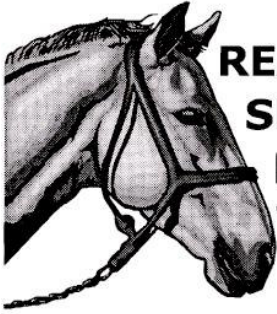
Telephone Numbers:
Home: _____ Cell: _____

Email Address: _____

Signature of Witness:
(READY SET RIDE AUTHORIZED STAFF)

Date

Printed Name of Witness:



**READY
SET
RIDE**

Therapeutic Recreation Facility

**VOLUNTEER AUTHORIZATION
FOR EMERGENCY MEDICAL TREATMENT**

Name: _____ Age: _____

Street Address: _____

City, State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

In The Event Of An Emergency, Please Notify:

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician: _____ Phone: _____

Preferred Medical Facility: _____

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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency I give permission to Ready Set Ride to secure medical treatment including x-ray, surgery, hospitalization and medication.

Print Name: _____

Consent Signature: (VOLUNTEER PARENT OR GUARDIAN) _____ Date _____

Location:
13056 Essington Road
Plainfield, Illinois 60585

815.439.3659
www.readysetride.org

Mailing Address:
P.O. Box 1113
Plainfield, Illinois 60544

Questions

1. Do you have any medical or physical issues that effect you that we should be aware of while keeping in mind the safety of our riders is our first priority? Yes ____ No ____

If so, please state the current condition of your medical or physical issue: _____

2. Do you have special talents or expertise you would be willing to share? Yes ____ No ____

If so, please state your special talent or expertise: _____
