

Updated Volunteer Form

Saddle Up Riding Club, Inc.

6080 94th Ave, Pinellas Park, FL 33782

Phone: 727-520-3132

Website: SaddleUpRidingClub.org

Email: volunteer@saddleupridingclub.org

Please print clearly in black or blue ink only

Name: _____

Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip Code: _____

Home: () _____ Work: () _____ Cell: () _____ E-Mail: _____

Name of Employer/School: _____

HEALTH HISTORY

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes: _____

Allergies: _____ Medications: _____

Are you currently First Aid Certified? Yes No CPR Certified? Yes No

Confidentiality and Photo Release

I agree that as a Saddle Up Riding Club, Inc. volunteer to respect the privacy of the riders and hold in confidence all information obtained in the course of my volunteer service. I recognize that confidentiality and privacy requirements apply to fellow volunteers and that all photographs of riders are prohibited. As a volunteer, I hereby consent to and authorize the use and reproduction by Saddle Up Riding Club, Inc. of any and all photographs and any other audio-visual material taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

_____ Date: _____

Applicant's Signature

_____ Date: _____

Signature of Parent/Guardian (if under 18 years of age)

Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required, due to illness or injury, during the process of receiving services, or while being on the property of the agency, I authorize Saddle Up to secure and maintain medical treatment and transportation, if needed.

In case of emergency, Contact: _____ Phone: _____

Physician Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co: _____ Policy #: _____

Please check one option listed below:

() I give 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. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

() I do not give 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 is required, I wish the following procedures to take place: _____

_____ Date: _____

Applicant's Signature

_____ Date: _____

Signature of Parent/Guardian (if under 18 years of age)

Volunteer Release Form – please write clearly in ink.

UNCONDITIONAL 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 INHERENT RISKS OF EQUINE ACTIVITIES.**

I, _____, a participant, client, volunteer, or student or the legal guardian of a participant, client, volunteer, or student (“Participant”) in a program, event, or activity taking place under the sponsorship of or at the facilities of Saddle Up Riding 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 personal 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 Participant’s being allowed to participate in the Activities, on behalf of Participant, Participant’s heirs, personal or legal representatives, successors and assigns, I hereby irrevocably and unconditionally release, and covenant not to sue Saddle Up, Park Ranch and Arianna LLC, the City of Pinellas Park, and each of Saddle Up and the City of Pinellas Park’s 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 Releasees”), 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 Releasees.

I hereby authorize the Releasees 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 Releasees 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.

I HAVE READ AND UNDERSTAND THIS DOCUMENT. DATED this _____ day of _____ 20 _____.

_____ Date: _____

Applicant’s Signature

_____ Date: _____

Signature of Parent/Guardian (if under 18 years of age)_____

WARNING

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

RELEASE AND HOLD HARMLESS AGREEMENT

WHEREAS, the UNDERSIGNED acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury from using, riding, or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling.

IN CONSIDERATION, therefore, for the privilege of riding and working around horses at SADDLE UP RIDING CLUB, INC. The Undersigned does hereby agree to hold harmless and indemnify KELLIE AND JEFF SIPOS OR THE OWNER OF ANY HORSE USED BY THE SADDLE UP RIDING CLUB, INC and PARK RANCH AND ARIANNA LLC and release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises of Saddle Up Stables, Pinellas Park, FL.

Date _____

Participant's printed name and address _____

Phone number _____

Signature _____

Parent's Signature required if under 18