

Medical Form

Please Complete and Print Clearly.

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone # : _____

Date of Birth: _____

Male: _____ Female: _____

Health Insurance Carrier:

Policy # _____

Allergies and Reactions:

Medical concerns and/or conditions:

Parent / Guardian (Print)

Parent / Guardian (Signature)
_____ Date: _____

Liability Disclaimer

To my knowledge, my child does not have any medical problems that would prevent him/her from participating in MLW Stables Day Camp. I understand that it is my responsibility to obtain medical consent to participate if any health problems are known to exist. It is also my responsibility to inform the staff of any health problems my child may have. In the event of an accident or injury during the MLW/DRF Day Camp or any organized event that results from the MLW/DRF Day Camp, **I will not hold MLW Stables and/or Double Rainbow Farm Therapeutic and Recreational Riding Facility or any member of staff or any location where we meet, liable for my child's injury/illness.** I release all such parties from any and all rights, claims, liabilities, demands, suits, causes of action, whether in law or in equity, should an injury/illness occur.

In case of emergency I give Milton Wallace and the Staff of MLW Stables at the Double Rainbow Farm Therapeutic and Recreational Facility permission to take my son / daughter for medical treatment if necessary during the course of the MLW/DRF Day Camp.

Parent / Guardian (Print) _____

Parent / Guardian
(Signature) _____

Date _____

Double Rainbow Farm

Registration Form

Summer Camp 2012

Please complete the following and print clearly and mail to:

**Double Rainbow Farm
2170 Thompson Hill RD.
Russell, PA 16345**

Please check which camp your child will be attending:

_____ Beginner Day Camp: June 11-16 9:00 a.m.- 1:00 p.m.

_____ Jumpers Day Camp: July 9-14 9:00 a.m. - 2:00 p.m.

_____ Advanced Rider Trail Camp: August 13-18 9:00 a.m. - 4:00 p.m.

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone # : _____

Date of Birth: _____ Male _____ Female _____

Name of Parents or Guardians:

Contact phone numbers to use while child is at camp:

Home: _____

Work: _____

Cell: _____

**DOUBLE RAINBOW FARM THERAPEUTIC RIDING CENTER, INC.
VOLUNTEER REGISTRATION FORM
(VOLUNTEERS MUST BE AT LEAST 14 YEARS OLD)**

Name: _____ D.O.B: _____

Street: _____ City: _____ Zip: _____

Phone: _____ Work: _____ E-mail: _____

School or Institution Attending: _____

May we include your phone number and e-mail on a list to be distributed to all volunteers to be used to contact each other for purposes of covering a class commitment? Yes No

Parent/Legal Guardian: _____

How long have you been a volunteer? _____ Have you taken the 4 hour orientation training? Yes No

Have you ever been charged with or convicted of a crime? Yes No (If yes, explain)

PLEASE CHECK ALL AREAS YOU WOULD BE WILLING TO ASSIST US IN:

General Areas:

- | | | |
|--|--|--|
| <input type="checkbox"/> Stable Management | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Volunteer Recruitment | <input type="checkbox"/> Office Work/Filing/Scheduling | <input type="checkbox"/> Photography/Videography |
| <input type="checkbox"/> Repairs/Carpentry | <input type="checkbox"/> Participation in Fundraisers | <input type="checkbox"/> Writing Newsletter Articles |

Program Volunteer	Horse Care	Administration	Events
<input type="checkbox"/> Leading a horse <input type="checkbox"/> Side walking with a student <input type="checkbox"/> Assistant Instructor	<input type="checkbox"/> Stall Cleaning <input type="checkbox"/> Horse Grooming <input type="checkbox"/> Horse Exercising	<input type="checkbox"/> Fundraising <input type="checkbox"/> Newsletters <input type="checkbox"/> Public Relations <input type="checkbox"/> Grant Writing	<input type="checkbox"/> Horse Show <input type="checkbox"/> Special Olympic <input type="checkbox"/> Coaching <input type="checkbox"/> Drill Team

Please list any special talents or skills you have that you are willing to volunteer time doing at Double Rainbow Farm: _____

I, the undersigned, wish to volunteer at Double Rainbow Farm Therapeutic Riding Center, Inc. in the capacities I have indicated above. I know of no reason why I should not participate or volunteer in activities, equine or otherwise, associated with Double Rainbow Farm Therapeutic Riding Center, Inc. I understand that although I am volunteering my time, if I choose to volunteer in program classes as a side walker or leader I will be expected to arrive a minimum of one half hour before scheduled class time. I also understand that if I am unable to attend a class I have committed to, I will make every attempt to find a replacement for that class and if unsuccessful, will contact the Volunteer Coordinator.

Signature of Volunteer: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

(Required if volunteer is under 18 years old)

**DOUBLE RAINBOW FARM THERAPEUTIC RIDING CENTER, INC.
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, volunteering or while on the property of the agency, I authorize Double Rainbow Farm Therapeutic Riding Center Inc. to:

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

Name: _____ D.O.B: _____

Street: _____ City: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

Consent Plan

This authorization includes X-rays, 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.

Date: _____ Consent Signature: _____
Client, Volunteer, Parent or Guardian

Emergency Contact Information

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician: _____ Phone: _____

Allergies: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

List all pertinent medical information staff would need in the event of an emergency: _____

Non – Consent Plan

I DO NOT give my permission for emergency medical aid/treatment if required due to illness or injury during the process of receiving services, volunteering or while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Signature: _____
Client, Volunteer, Parent or Guardian

DOUBLE RAINBOW FARM THERAPEUTIC RIDING CENTER, INC.

LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.

A. REGISTRATION OF VOLUNTEER AND AGREEMENT PURPOSE AND CONSIDERATION - In consideration of my participation as a volunteer for the Double Rainbow Farm Therapeutic Riding Program and the signing of this agreement, I, the following listed individual and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in activities and events at THIS STABLE. This agreement shall be legally binding upon the PARTICIPANT and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including minor children and personal representatives. It shall be interpreted according to the laws of the state and county of THIS STABLE'S physical location. Any disputes by the rider shall be litigated in and venue shall be in the county in which THIS STABLE is located.

B. INFORMATION ABOUT VOLUNTEER:

Name: _____ D.O.B: _____ Age: _____

Address: _____

C. DEFINITIONS – The term "THIS STABLE" shall herein refer to Double Rainbow Farm Therapeutic Riding Center Inc., its' Board of Directors, Instructors, volunteers and employees. The term "HORSEBACK RIDING" or "RIDING" shall herein refer to riding or otherwise handling of horses whether from the ground or mounted. The term "HORSE" shall herein refer to all equine species. The terms "PARTICIPANT" and/or "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I", "Me", "My", "Participant", and "Rider" shall herein refer to the above volunteer and the parents or legal guardians thereof if a minor.

D. ACTIVITY RISK CLASSIFICATION, INHERENT RISKS AND NATURE OF THE HORSE WARNING - Horseback riding is classified as a RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY. There are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products), horse activities rank approximately 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities. **NO HORSE IS A COMPLETELY SAFE HORSE.** Horses are 5 to 15 times larger, 20 to 40 times more powerful and 3 to 4 times faster than a human is. If a rider falls from a horse to the ground it will generally be at a distance of from 3 1/2 to 5 1/2 feet and the impact may result in injury or death to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal, the human, tries to control and become one unit of movement with another much larger, stronger prey animal, the horse, with each having a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include but are not limited to: stopping short; changing directions or speed at will; shifting its weight side to side, bucking, rearing, biting, kicking or running from perceived danger.

E. VOLUNTEER ACCEPTANCE OF RESPONSIBILITY - PARTICIPANT AGREES that he/she has in some way satisfied himself that the condition of the premises and the facilities will provide an adequate and reasonable level of safety for PARTICIPANT. THIS STABLE is not responsible for any property damage, injury or loss of life incurred by or as a result of any horse(s) on this premises to PARTICIPANT. **PARTICIPANT IS AWARE IF THE RISKS AND DANGERS OF THIS ACTIVITY AND AGREES TO ACCEPT RESPONSIBILITY FOR ANY AND ALL INCIDENTS OCCURRING DURING THIS ACTIVITY.**

F. CONDITIONS OF NATURE - THIS STABLE is not responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall or react in some other unsafe way. *SOME EXAMPLES ARE:* thunder, lightning, rain and wind. Wild and domestic animals, insects, reptiles which may walk, run, fly near, bite or sting a horse or person; and irregular footing on indoor and out of door groomed or wild land which is subject to constant change in condition according to weather, temperature and changes in landscape.

G. ACCIDENTAL/MEDICAL INSURANCE - Should emergency medical treatment be required, I and/or my own medical insurance company shall pay all such incurred expenses. My accidental/medical insurance company is: _____ my policy # _____

H. LIABILITY RELEASE - In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I, the PARTICIPANT and the parent or guardian thereof if a minor, do agree to hold harmless and release THIS STABLE, its Board of Directors, instructors, agents, volunteers, employees, officers, members, affiliated organizations and insurers from legal liability due to THIS STABLE'S ordinary negligence. I do further agree that except in the event of THIS STABLE'S gross and willful negligence, I shall bring no claims, demands, actions, causes of action and/or litigation against THIS STABLE and its associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS STABLE. This Includes while riding, handling, or otherwise being near horses owned by or in the care, custody and control of THIS STABLE or on the property of THIS STABLE for any reasons.

J. BREACH OF CONTRACT- Should either party breach this contract, the breaching party shall pay for the other's court costs and attorney fees related to such breach.

ALL RIDERS, PARENTS OR LEGAL GUARDIANS OR AUTHORIZED AGENTS FOR SUCH PARTIES MUST SIGN BELOW AFTER READING THIS ENTIRE DOCUMENT.

STATEMENT OF AWARENESS

I/WE the undersigned, have read and do understand the foregoing agreement, warnings, assumption of risk and release agreement. I/WE further attest that all stated facts are true and accurate.

Volunteers under the age of 18 must have Parent/Guardian Signature

Volunteer (Print Name): _____ **Date:** _____

Volunteer Signature: _____ **Date:** _____

Parent/Guardian (Print Name): _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Photo Release

I hereby consent to and authorize the use and reproduction by Double Rainbow Farm Therapeutic Riding Center, Inc. of any and all photographs and any other audio/visual materials taken of me/ my son/ my daughter/ my ward for promotional printed material, internet web site, and educational activities or for any other use for the benefit of the program.

Volunteer Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Release for Background Information

I, the undersigned, authorize Double Rainbow Farm Therapeutic Riding Center, Inc. to receive information from any law enforcement agency, including police and sheriff departments of the 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 crimes committed upon children. I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize the operating center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Volunteer Signature: _____ **Date:** _____

Current Driver's License #: _____ **State:** _____