## **VOLUNTEER INFORMATION**

Name:						
Date of Birth: _		Age:	(you must be 1	6 or older)		
Home Address:	Street	City	Stata	<b>7:</b>		
		•	State	Zip		
Home Phone:	Cell Phone:					
Email:						
Employer:		Work Phone:				
If you are a stud	ent, name of your scho	ool:	G	Frade:		
Do you have exp	erience with horses?	YES	NO			
If yes, please des	scribe your horse expe	rience:				
If yes, please des	scribe your experience	:				
•	YES NO le on short notice in an rn about QUEST?					
-	special volunteering in					
feeding horse	sle rsessidewalkir rsesfa	eading a horse ng for a rider	grounds maintenand	undraising ce		
Please indicate t	he days, times and/or n	umber of hours t	hat you would con	sider volunte		
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
arn						

# VOLUNTEER EMERGENCY MEDICAL TREATMENT AUTHORIZATION CONSENT PLAN

In the event of a medical emer		ises durin	g my participa	ition in, or while on			
the premises of QUEST, I, (na							
give my consent to QUEST to							
authorization includes, but is r			•				
and all other medically approp		-		_			
by a physician. This provision	•	voked if	the person liste	ed as my Emergency			
Contact is unable to be reache	d.						
_							
Emergency Contact:							
Home Phone:							
Address:							
street	city		state				
My Physician:		Physicia	n's Phone:				
Preferred Medical Facility:							
Health Insurance Provider:							
Policy Number:	Gr	Group Number:					
Consent Signature			Datas				
(signed by pa	onsent Signature:Date:  (signed by participant or parent/guardian if under age 18)						
(signed by pa	irticipant of paren	u guaruran	in under age 10	)			
Print Name:			Phone:				
Address:							
state	city		state	zip			
MO	N GONGENE						
NO	N-CONSENT	PLAN					
I, (name)				e my consent to			
QUEST to seek and secure me	edical aid and/or	treatmen	nt in the event	of a medical			
emergency which arises during	g my participati	on i, or w	hile I am on th	ne premises of			
QUEST. In the event medical	aid and/or treat	ment is re	equired, I wish	the following			
procedures to take place:			<b>1</b>				
NON Concept Signatures			,	Data			
NON-Consent Signature:	ed by participant of	or parant/a		Date:			
Print Name:	d by participant (	л рагение	uardian n under	age 10)			
Address:)							
street		city	state	zin			

#### **VOLUNTEER LIABILITY RELEASE FORM**

PLEASE READ CAREFULLY! This form must be read and signed by the Volunteer or by a parent or legal guardian if the Volunteer is a minor (under 18 years of age). Let it be understood that this form is a release of liability contract between QUEST and the Volunteer.

### **EQUINE LIABILITY ACT WARNING**

Under the Equine Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility of injury, loss, or damage to person or property resulting from the risk of equine activities. Upon acceptance of horse and equipment, I, \_\_\_\_\_ \_\_\_\_\_\_, acknowledge that I assume full responsibility for my own safety. I further understand that I ride and participate in activities at OUEST at my own risk. I agree to hold OUEST, its officers, volunteers, employees, board members, horse owner (s) if other than QUEST, harmless from every and all claims which might arise from any injury which occurs from use of any horse and/or equipment, in favor of myself, my heirs, representatives or dependents. I understand that QUEST does NOT represent or warrant the quality or character of any horse furnished, and that QUEST, the stable, its agents and employees are released from ordinary acts of negligence. I understand that horseback riding and assisting with others who ride horses, will expose me to certain risks. This release has provided me with notice of the risk of engaging in any and all equine activities. I understand (1) the propensity of a horse to behave in dangerous ways that may result in injury to me: (2) the inability to predict a horse's reaction to sound, movements, objects, persons, or animals: and (3) the hazards of surface or subsurface conditions. I understand that I MUST wear protective headgear at all times while riding, mounting or dismounting. I understand that the wearing of such headgear may prevent or reduce the severity of some head injuries and may even prevent death due to a fall or other occurrence. This release shall remain valid until expressly revoked by me, or if a minor, the parent or legal guardian. (signed by parent/guardian of participant if under age 18) VOLUNTEER CONSENT/NON-CONSENT FOR USE OF STILL & VIDEO PHOTOGRAPHY Please Check One: I consent I do NOT consent to the use and/or reproduction by QUEST 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 befit of the program Signature: (Signed by Parent/Guardian of participant if under 18 years of age.)

#### PLEDGE OF CONFIDENTIALITY

I pledge to respect the privacy of our participants by not discussing names, disabilities, or sharing any other personal information about persons or horses in our program outside QUEST.

Signature:\_\_\_\_\_\_Date:\_\_\_\_\_

(Signed by parent/guardian of participant if under 18 years of age)