

# SUNSHINE RANCH THERAPEUTIC RIDING

## Volunteer/Staff Information Form and Health History

### General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Employer/School: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Legal Guardian/Caregiver Name/Address/Phone Number: \_\_\_\_\_

How did you learn about the program?

Recent medical tests: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_ Tuberculosis Test + — Date: \_\_\_\_\_

(Consult your physician or local health department if you are not up to date with these shots/tests)

### 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: \_\_\_\_\_

### Check areas in which you are interested:

#### Program

- ☐ Horse Handling
- ☐ Sidewalking with a Student
- ☐ Stable Management
- ☐ Facility Repairs

#### Special Events

- ☐ Horse Show
- ☐ Fundraising
- ☐ Special Olympics
- ☐ Trail Rides

#### Administration

- ☐ Public Relations
- ☐ Grant Writing
- ☐ Newsletter
- ☐ Volunteer Recruitment
- ☐ Photography/Video
- ☐ Budget & Finance
- ☐ Future Planning

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(volunteer/staff/caregiver; signed in presence of center staff)

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## Volunteer/Staff Information Form and Health History -

### Page 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### Photo Release

I ☐ DO

☐ DO NOT

consent to and authorize the use and reproduction by Sunshine Ranch Therapeutic Riding 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Background Information

Have you ever been charged with or convicted of a crime? Y N Please explain

I, \_\_\_\_\_ (volunteer/staff), authorize \_\_\_\_\_ to receive information from any law enforcement agency, including police departments and sheriff's departments, of this 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 or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize the PATH, Int'l. center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(volunteer/staff)

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

#### Confidentiality Agreement

I understand that all information (written and verbal) about participants at this PATH, Int'l. center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(volunteer/staff)



## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

**READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS. BY SIGNING THIS AGREEMENT, YOU (AND YOUR CHILD) ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGE FOR ANY REASON INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF SUNSHINE RANCH THERAPEUTIC RIDING, INC. ("SUNSHINE RANCH"), THE TRAINER, THE STABLE, ITS OWNERS, EMPLOYEES AND AGENTS (COLLECTIVELY, "RELEASEES").**

I (Volunteer/Participant Name), \_\_\_\_\_ (hereinafter the "Undersigned") reside at (Street Address) \_\_\_\_\_, in (City) \_\_\_\_\_, (State, Zip) \_\_\_\_\_.

In consideration for allowing me (or my minor child) to handle and ride a horse and on behalf of myself, my child or our personal representatives, heirs, next-of-kin, spouses and assigns, THE UNDERSIGNED HEREBY:

1. Acknowledge that a horse or pony may, without warning or any apparent cause, buck, stumble, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, and that saddles or bridles may loosen or break - all of which may cause the rider to fall or be jolted resulting in serious injury or death to the Undersigned or any person within close proximity of a horse.

2. Acknowledge that horseback riding, the handling of a horse or being in close proximity to a horse is an inherently dangerous activity and involves risks that may cause serious injury and, in some cases, death of a horse because of the unpredictable nature and irrational behavior of horses, regardless of their training or past performance.

3. Voluntarily assume the risk and danger of injury or death inherent in the handling or riding of the horse or being in close proximity to a horse or on the premises of the stable or the failure to wear a protective helmet when riding a horse, and use of saddles, bridles, equipment and gear provided to me by Sunshine Ranch.

4. Release, discharge, and promise not to sue any Releasee for any loss, damage, injury (including death) or cost to me or my child's arising out of the handling or riding of a horse or being in close proximity to a horse or on the premises of the stable or the failure to wear a protective helmet when riding a horse, and use of saddles, bridles, equipment and gear provided by Sunshine Ranch.

5. Release the Releasees from any claim that any Releasee was negligent in connection with my or my child's riding a horse, including, but not limited to, training or selecting horses, maintenance, care, fit or adjustment of saddles or bridles, instruction on riding skills or leading and supervising riders or the use of any equipment provided by Sunshine Ranch or being on the premises of the stable, which resulted in loss, damage, injury or death.

6. Indemnify, and save and hold harmless each Releasee from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either my or my child's handling or riding the horse or being in close proximity to a horse or on the premises of the stable or the failure to wear a protective helmet when riding a horse and/or use of saddles, bridles, equipment and gear provided therewith from or contributed to by my or my child's own negligence.

7. Agree to abide by and follow any instructions given or rules established by the Sunshine Ranch or any of its employees, guides or wranglers with regard to my or my child's riding or handling of the horse or being in close proximity to a horse or on the premises of the stable or the failure to wear a protective helmet when riding a horse or any saddles, bridles, equipment and gear provided therewith.

8. Agrees that the Undersigned has read and understands the following language of Section 1542 of the California Civil Code which provides "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release which, if known by him or her, must have materially affected his or her settlement with the debtor." Having reviewed this provision, the Undersigned nevertheless voluntarily release the Releasees from all liability for claims arising out of the matters set forth herein. The Undersigned understand the word "claims" to include all actions, claims and grievances, whether actual or potential, known or unknown and specifically but nonexclusively, all claims arising out of the matters set forth herein. All claims are forever barred by this release without regard to whether those claims are based on the alleged breach of duty arising under contract or in tort or any other claims or cause of action.

9. The Undersigned expressly agrees that the foregoing release and waiver of liability, assumption of risk, and indemnity agreement is governed by laws of the State of California and is intended to be as broad and inclusive as is permitted by California law, and that in the event any portion of this Agreement is determined to be invalid, illegal, or unenforceable for any reason, the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.

10. Acknowledge that this document is a contract and agree that if a lawsuit is filed against the program or its owners, agents, employees, guides or volunteers for any injury or damage in breach of this contract, the Undersigned will pay all attorney's fees and costs incurred by the program in defending such an action.

11. IT IS REQUIRED THAT I, MY CHILD, AND ALL RIDERS WEAR AN ASTM-SEI APPROVED RIDING HELMET WHEN RIDING A HORSE. IT IS MY UNDERSTANDING THAT A PROTECTIVE HELMET IS AVAILABLE AND HAS BEEN OFFERED FOR MY OWN OR MY CHILD'S SAFETY. PLEASE INITIAL HERE: \_\_\_\_\_

**I have read this document. I understand it is a promise not to sue and to release and indemnify the Releasees for all claims. I have made a free and deliberate choice to sign the Release and Waiver as a condition to Sunshine Ranch allowing me or my child to ride or handle a horse. I have concluded that the risks involved and the Release and Waiver of Liability is worth the therapy and pleasure of the horseback riding experience, and acknowledge that the same is valuable consideration for this Release and Waiver of Liability.**

Date \_\_\_\_\_

Signature \_\_\_\_\_



# Sunshine Ranch Therapeutic Riding

## Authorization for Emergency Medical Treatment Form

☐ Participant      ☐ Staff      ☐ Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### Consent Plan

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 Sunshine Ranch Therapeutic Riding 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.

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(s) above is unable to be reached

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

Client, Parent or Legal Guardian  
*Signed in presence of center staff*

### 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.

- ☐ Parent or legal guardian will remain on site at all times during equine assisted activities.
- ☐ In the event emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Client, Parent or Legal Guardian  
*Signed in presence of center staff*



## **VOLUNTEER RULES**

1. Volunteer behavior, actions, and words should support our mission "to provide accessible, high-quality instruction in therapeutic horsemanship to improve the physical, mental, and social abilities of children and adults with special needs."
2. Volunteers will sign in upon arrival and sign out upon departure
3. Volunteers will read and be held accountable for updates and notes on white board
4. Know where emergency information is posted & where 1<sup>st</sup> Aid Kit is stored
5. No Cell Phone Use in lessons/when helping students. We need to be focused and aware.
6. Volunteers will become familiar with and help with "Volunteer Tasks" when not in lessons
7. NO Smoking or Alcohol on premises
8. Be familiar with and follow rules for side-walking, leading, assisting in lessons
9. Listen to the Instructor/Director and follow directions. Help others follow directions
10. Volunteers will follow safety guidelines & rules for working around horses at all times
11. Deposit trash in trash cans and manure in specified trash cans
12. No gum chewing or eating when working in a lesson
13. Help enforce the rules that students must wear helmets around/on the horses and that students must be accompanied by a volunteer or instructor when interacting with a horse
14. Horses are to be tacked/untacked in cross tie area
15. Volunteers are required to wear helmet if riding
16. Always ask before giving food to horses. We use treats as Positive Reinforcement tools only
17. Be respectful of people, property, and animals. Do not feed horses that don't belong to us
18. Keep track of time. Be ready & in specified area when you are assigned in a lesson
19. Volunteers must wear closed-toed shoes/boots. All clothing must be "family-appropriate"
20. No running, yelling, or screaming
21. Keep tack & equipment tidy and in working order. Put things away in correct, labeled place.
22. Notify Program Director or Staff immediately if ANY odd behavior is observed
23. Help students remain in designated areas
24. Close gates/doors behind you & leave things better/cleaner than you found them
25. Park in designated areas only. Leave closest spots open for students and boarders
- 26.. Keep personal conversations to a minimum around our students. Our goal is to help them focus and have the most effective therapeutic lesson possible every single time.

I have read and understand Sunshine Ranch Therapeutic Riding's rules. I understand that SAFETY IS OUR #1 PRIORITY. I understand that if I should fail to follow the above rules, my volunteer status may be terminated.

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

Date: \_\_\_\_\_



**RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE FORM  
FOR INDIVIDUALS**

This form must be completed by and for each participant for  
**HEARTLAND RANCH EQUESTRIAN CENTER, INC.**  
**12139 Moreno Ave.**  
**Lakeside, CA 92040**

**PLEASE READ CAREFULLY BEFORE SIGNING**  
**SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.**  
**THIS FACILITY DOES NOT GUARANTEE YOUR SAFETY.**

REGISTRATION OF RIDERS AND AGREEMENT PURPOSES: In consideration of the payment of a fee and the signing of this agreement, I, the following listed individual and the parent or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in riding instruction as a student at this facility and that this student will either ride his/her own horse, or school horses provided by this facility for instructional purposes, today and on all future dates.

**RIDER NAME** \_\_\_\_\_ **AGE** (if under 21) \_\_\_\_\_  
**WEIGHT** (over 240#) **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **HORSE RIDING EXPERIENCE** (check one below)  
**BEGINNER** (under 10 hours) \_\_\_\_\_ **OVER 10 HOURS** \_\_\_\_\_ Does this rider have any physical and /or mental health conditions, problems, and or/disorders, which may affect his/her safety and ability to ride a horse? Yes \_\_\_\_\_  
No \_\_\_\_\_. If yes, please describe here \_\_\_\_\_

**AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS:** This agreement shall be legally binding upon me the registered student, or boarder and the parents or legal guardians thereof if a minor my heirs, estate, assigns, including all minor children and personal representatives, and it shall be interpreted according to the laws of the state and county of THIS FACILITY'S physical location. Any disputes by the rider shall be litigated in and venue shall be the county in which THIS FACILITY is physically located. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horses, ponies, mules, or donkeys, whether from the ground or mounted. The terms "STUDENT" and /or "RIDER" shall herein refer to any person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I", "ME", "MY" shall herein refer to the above registered student rider, or boarder and the parents or legal guardians thereof if a minor.

**ACTIVITY RISK CLASSIFICATION. ...I UNDERSTAND THAT:** Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and that 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 the United States Consumer Products) horse activities rank 64<sup>th</sup> among the activities of people relative to injuries that result in a stay in U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.

**NATURE OF THIS FACILITY'S SCHOOL HORSES...I UNDERSTAND THAT:** THIS FACILITY chooses its school horses for their calm dispositions and sound basic training as is required for use for STUDENT RIDERS, and THIS FACILITY follows a rigid safety program. Yet, no riding 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. If a rider falls from horse to ground it will generally be at a distance of from 3 ½ to 5 ½ feet, and the impact may result in injury to the rider. Horseback riding is the only sport where one much smaller, weaker predator animal (human) tries to impose its will on, and become one unit of movement with another much larger, stronger prey animal with a mind of its own (horse) and each has 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; Bucking, Rearing, Kicking, Biting, or Running from what it perceives as danger.

**RIDER RESPONSIBILITY...I UNDERSTAND:** Upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider's safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard a moving animal. I agree that the rider shall be responsible for his/her own safety, including that of an unborn child, if the rider is pregnant. Pregnant women should ride horses only under the advice of their physician. THIS FACILITY advises pregnant women not to ride horses.

**CONDITIONS OF NATURE AND INSPECTION OF PREMISES...I UNDERSTAND THAT:** THIS FACILITY 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, lightening, rain wind, wild and domestic animals, insects, reptiles, which may walk, run or fly near, or bite or sting a horse or person; and irregular footing on out of door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. The rider and parent or legal guardian have inspected THIS FACILITY and are satisfied that all premise conditions are reasonably safe for rider's intended purpose, usage and presence upon THIS FACILITY'S PREMISES.

**SADDLE GIRTHS/NATURAL LOOSENING...I UNDERSTAND THAT:** saddle girths (saddle fasteners around horse's belly) may loosen during a ride. If a rider notices this he/she must alert the riding instructor as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.



ACCIDENT/MEDICAL INSURANCE...I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses. My accident/medical insurance company is \_\_\_\_\_ and my policy number is \_\_\_\_\_.

PROTECTIVE HEADGEAR WARNING.I AGREE THAT: I have been fully warned and advised by THIS FACILITY that I should purchase and wear protective headgear (equestrian riding helmet), and do understand that the wearing of such headgear while mounting, riding, dismounting and otherwise being around horses may prevent or reduce severity of some head injuries, and may even prevent death from happening as the result of a fall or other occurrence.

LIABILITY RELEASE...I AGREE: In consideration of THIS FACILITY, it's owners, agents, employees, officers, members, premises owners, affiliated organization and insurers from legal liability due to THIS FACILITY'S ordinary negligence; and I do further agree that except in the event of THIS FACILITY'S gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and /or litigation, against THIS FACILITY and its associates as stated above in this clause, for any economic and no 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 FACILITY to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of THIS FACILITY.

**ALL RIDERS AND PARENTS OR LEGAL GUARDIANS MUST SIGN BELOW AFTER  
READING THIS ENTIRE DOCUMENT:**

**SIGNER STATEMENT OF AWARENESS**

I/WE THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT'S PHYSICAL CONDITION, EXPERIENCE, & AGE ARE TRUE AND ACCURATE.

SIGNATURE OF RIDER (Spouses must sign for themselves) \_\_\_\_\_

SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE #1 \_\_\_\_\_ FOR \_\_\_\_\_

SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE #2 \_\_\_\_\_ FOR \_\_\_\_\_

ADDRESS IN FULL \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE \_\_\_\_\_

**All boarders are responsible for having their guests sign a waiver of liability prior to engaging in any activities that involve contact with any horse. Please put your (the boarder) last name at the top of the form and we will put it in your file. Anyone under the age of 18 must have a parents or gaurdian signature. Blank waivers are located on the bulliten board, the main office, and Amy's office.**

## HEARTLAND RANCH BASIC RANCH RULES

1. The speed limit on the ranch shall never exceed 5mph for any reason. Please make sure that any guests you invite to the ranch are made aware of the speed limit. This includes farriers, vets and feed store deliveries.
2. Anyone handling, grooming, petting, riding or in anyway touching a horse must sign a release. Releases are available in Ranch office or with trainers.
3. Park in the clearly designated parking lot.
4. Do not feed treats to other horses without express permission from the owner.
5. All items that you use must be returned to its proper place and in its original condition. Any item that is broken by you or your horse must be replaced by you. This includes muck rakes, hoses, nozzles, crossties for example.
6. All common areas (wash racks, crossties etc.) must be cleaned up prior to riding or leaving for the day so that others can use the area.
7. No turnouts with halters on.
8. No turnouts in white arenas.
9. Riders take precedence over simple turnouts.
10. Pastures are for grazing only and not exercise. Horses that are running in the pasture need to be removed immediately.
11. Helmets are required for your personal safety.
12. Dogs are welcome but must remain on a leash at all times and you must dispose of all animal waste.
13. Ranch hours are 6am to 9pm 7 days per week. Please be off the ranch by 9pm unless you have an ill horse and at that point other arrangements will be made.

Your safety and the safety of others is always your primary directive. If you are considerate, kind and aware of your surroundings at all times you will have a very successful experience.