

Bits of Freedom Therapeutic Riding Center Volunteer Form  
8180 Even Rd. Beulah CO 81023  
(719)369-9756

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

Date of Birth \_\_\_\_\_ : E-mail: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_

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

Phone \_\_\_\_\_ - \_\_\_\_\_

Recent medical tests:

(Consult your physician or local health department if you are not up to date with these shots/tests.) Date of last tetanus shot: \_\_\_\_\_

Tuberculosis Test (circle one): positive negative Date: \_\_\_\_\_

Health History

Please describe your current health status: fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

\_\_\_\_\_

Allergies: Medications: \_\_\_\_\_

I, the undersigned, as self, parent and/or legal guardian I do hereby authorize and consent to any X-ray examination, anesthetic or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of Colorado Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact

parent(s) and/or legal guardians prior to treatment to the patient, but that any of the above treatment will not be withheld if the parent(s) and/or legal guardians cannot be reached. Medical Insurance

Company: \_\_\_\_\_

Policy

# \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Group

# \_\_\_\_\_

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. I agree to keep all information about riders and volunteers confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ (Signature of self, or if a minor, parent or legal guardian)

Photo Release (circle one)

I DO DO NOT

consent to and authorize the use and reproduction by Bits of Freedom Therapeutic Riding Center 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: \_\_\_\_\_  
(Signature of self, or if a minor, parent or legal guardian)

#### Background Information

Have you ever been convicted of a felony crime ?

YES NO

Have you ever been arrested for or charged with a crime against children? YES NO

I, (volunteer/staff), authorize Bits of freedom Therapeutic Riding Center 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. I understand that such access is for the purpose of considering my application as an employee/volunteer.

Signature:

CURRENT DRIVER'S LICENSE YES NO

LICENSE NUMBER \_\_\_\_\_

Do you have experience with horses (circle one)?

YES NO

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

STATE

If yes, please

describe: \_\_\_\_\_

\_\_\_\_\_  
(volunteer/staff)

#### Bits of freedom Volunteer Code of Conduct

1. Volunteers must conduct themselves in a professional manner and to show courtesy and respect to their fellow volunteers, staff, riders, and rider's parents/caregivers. Harassment of any sort will not be tolerated.
2. Inappropriate behavior, inappropriate language or failure to take direction from staff and Lead Volunteer are immediate grounds for dismissal
3. Volunteers are prohibited from using physical discipline or other cruel behavior on the horses.
4. Volunteers must demonstrate good judgment. Any and all activity of the volunteer at Bits of freedom must have the approval of the Instructor or Lead Volunteer.

5. Volunteers will communicate areas of concern to the Instructor or Lead Volunteer
6. Dress Code: Volunteers must wear closed toe, closed heel shoes or boots. Volunteers are prohibited from wearing short shorts or other revealing clothing, sagging pants, dangling jewelry and perfume.
7. Bullying is not allowed
8. Volunteers may not give treats to the horses without Instructor or Lead Volunteer permission.
9. Please speak up if you are asked to do anything you don't know how to do or are uncomfortable with.
10. Please leave personal pets at home.

#### I WILL ABIDE BY THE CODE OF CONDUCT AND RELEASE AND HOLD HARMLESS AGREEMENT

The program at the Bits of freedom THERAPEUTIC RIDING CENTER provides therapeutic horseback riding for disabled children and adults. Volunteers and horses are carefully selected and trained and safety equipment is required for all riders since horseback riding is a risk exercise.

No student will be accepted for riding instruction and no volunteer accepted for service until this form has been READ, UNDERSTOOD, COMPLETED AND SIGNED by the parent(s) or guardian(s) of a minor, or if the student or volunteer is of legal age and sound mind, by the student or volunteer.

Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding and working around horses. This includes bodily injury from horseback riding or being in close proximity to horses. Among other risks, both horse and rider can be injured in normal use or in competition and schooling. In order to provide this valuable service, NO LIABILITY can be accepted by the Bits of freedom THERAPEUTIC RIDING CENTER, Shelly Even or any of the organizations or persons connected with the above named facilities.

IN CONSIDERATION for the privilege of riding and/or working around horses at the Bits of freedom THERAPEUTIC RIDING CENTER, the undersigned, as self, or as parent(s) or guardian(s) of the undersigned minor, jointly and severally, do hereby agree to release, hold harmless and indemnify the Bits of freedom THERAPEUTIC RIDING CENTER, AND Shelly Even, their officers, directors, trustees, agents, employees, representatives, successors and assigns, from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorneys fees, which the undersigned or said minor may now or in the future have against the Bits of freedom THERAPEUTIC RIDING CENTER, Shelly Even, their officers, directors, trustees, agents, employees, representatives, successors and assigns on account of any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to acts or incidents occurring at or relating to the Bits of freedom THERAPEUTIC RIDING CENTER, AND Shelly Even, their officers, directors, trustees, agents, employees, representatives, successors

or assigns, including but not limited to their negligence or gross negligence in rendering the services described above or in anyway incidental thereto. My signature below also means I have read, understand, and will abide by the above Bits of freedom Volunteer Code of Conduct.

Date \_\_\_\_\_ Participant Name \_\_\_\_\_

(Print) \_\_\_\_\_ Participant or Parent/Guardian

Signature \_\_\_\_\_

Print Parent/Guardian Name (If Applicable) \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Address City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_