



# EQUIGRACE

## Volunteer Information Form

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Age (if under 18): \_\_\_\_\_  
If under 18 - Parent/Legal Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email Address \_\_\_\_\_

How did you learn about the center? \_\_\_\_\_

Check which areas you are interested in

Program

- Horse Handling/Care
- Leading a horse with a student
- Assisting with a student
- Student instruction
- Stable Care/Chores
- EquiTeens (ages 14-18)
- EquiBuddies (ages 8-13)

Administration

- Office Help
- Fund Raising
- Public Relations/Awareness
- Special Events
- Grant Writing
- Volunteer Recruitment

Do you have experience in:

Riding \_\_\_\_\_ Describe \_\_\_\_\_  
Grooming/Tacking \_\_\_\_\_ Describe \_\_\_\_\_  
Horse Care/Management \_\_\_\_\_ Describe \_\_\_\_\_  
Office/Clerical \_\_\_\_\_ Describe \_\_\_\_\_

Do you have any other skills or training, which may be of benefit to our program? \_\_\_\_\_

What days and hours are you available? \_\_\_\_\_  
Additional non-program hours available; \_\_\_\_\_

### Health History

Do you have any physical limitations? If yes, please explain \_\_\_\_\_

Allergies/Medications/Medical Conditions \_\_\_\_\_

### For volunteers under 18 (parent/guardian to fill out)

In the event I am unable to pick above minor volunteering at EquiGrace I authorize the following person(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Password \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Password \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Password \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(volunteer, parent, legal guardian)*



# **EQUIGRACE**

## **Authorization for Emergency Medical Treatment**

Preferred Emergency Facility \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications (include prescription and over-the-counter, name, dose and frequency) \_\_\_\_\_

Medical Conditions \_\_\_\_\_

In the event of an emergency, contact

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

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

### **Consent Plan**

\_\_\_\_\_ In the event of an emergency medical aide/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 EquiGrace to

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

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician.

Consent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(participant/parent/legal guardian)

### **Non-Consent Plan**

\_\_\_\_\_ I do NOT give my consent for emergency medical treatment/aide 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 activities. In the event emergency treatment/aid is required, I wish the following procedures to take place \_\_\_\_\_

Non-Consent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(participant/parent/legal guardian)

Witness Signature \_\_\_\_\_ Name \_\_\_\_\_

**EquiGrace, Inc.**

PO Box 268 ~ Shawnee, CO 80475

303-838-7122 ~ equigrace@gmail.com ~ www.equigrace.com



## **EQUIGRACE**

### **Equestrian Release Agreement**

I, the undersigned, as an adult rider 18 or older, or as the parent and/or legal guardian of (please print name) \_\_\_\_\_, for and in consideration of the agreement of EquiGrace, Inc. to provide riding and equine assisted activities instruction to said undersigned or minor, does/do hereby forever release, acquit, discharge and hold harmless EquiGrace, Inc., its officers, trustees, agents, employees, representatives, successors, and Whispering Pines Ranch, its officers, trustees, agents, employees, representatives, successors, and assigns, for all manner of claims, demands and damages of every kind and nature whatsoever, which the undersigned and/or said minor may now, or in the future, have against EquiGrace, Inc., its officers, trustees, agents, employees, representatives, successors, and Whispering Pines Ranch its officers, trustees, agents, employees, representatives, successors, and assigns on account of any personal injuries, physical or mental condition, known or unknown to the person of said undersigned and/or minor and the treatment therefore as a result of, or in any way growing out of, the acts of EquiGrace Inc., its officers, trustees, agents, employees, representatives, successors, and Whispering Pines Ranch, its officers, trustees, agents, employees, representatives, successors, and assigns, including, but not limited to, their negligence or gross negligence, in rendering the services above described or in any way incidental thereto.

**WARNING - Under Colorado Law, an 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, pursuant to section 13-21-119, Colorado Revised Statutes.**

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
*(participant/parent/legal guardian)*

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

#### **Photo Release**

I Do  I Do not

Consent to and authorize the use and reproduction by EquiGrace, Inc. of any and all photographs and any other audio/visual materials taken of me/the client, for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

#### **Internet Release**

I Do  I Do not

Consent to and authorize the use and reproduction by EquiGrace, Inc. of any and all photographs and any other audio/visual materials taken of me/the client, for use on EquiGrace, Inc. website or Facebook page, for promotional material, educational activities, exhibitions or for any other use for the benefit of the program on the internet.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
*(participant/parent/legal guardian)*

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

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