



1403 Old Bardwell Road  
Ennis, TX 75119  
214-399-4270

## **Volunteer Registration Packet**

**Due to the nature of outside activities it is mandatory that all participants wear closed toe shoes.**

*Please Print*

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name or School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact Name/Phone Number and Relationship to:

Horse Experience:  None  Beginner  Intermediate  Experienced (explain)

How did you hear about Runnin' Free Ranch? \_\_\_\_\_

**RUNNIN' FREE RANCH IS A NON PROFIT 501c3 ORGANIZATION. DONATIONS ARE TAX DEDUCTIBLE AND ALWAYS WELCOME! Make Checks Payable to: Runnin' Free Ranch**

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

**POLICY OF CONFIDENTIALITY**

As a volunteer at Runnin Free Ranch I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Runnin' Free Ranch and not discuss or disclose any sensitive information about any person or their family. I agree not to discuss or make any written reports or take and pictures without prior approval from the family and/or equine facilitator and at no time will I use the participant's last name.

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

Signature of Parent/Guardian \_\_\_\_\_  
*(If volunteer is under 18 years of age)*

**AUTHORIZATION FOR EMERGENCY MEDICAL**

Please Print

|   |
|---|
| In case of Emergency, contact: _____ Phone(s): _____  |
| Physician's Name: _____   |
| City: _____ Phone: _____  |
| Please indicate any allergies: _____  |
| Please indicate any medical issues that may affect you/your child's volunteering at Runnin' Free Ranch. _____ |
| _____   |

I GIVE CONSENT for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at Runnin' Free Ranch, or while being on the property of Runnin' Free Ranch, I authorize Runnin' Free Ranch to:

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

IDO NOT GIVE CONSENT for emergency medical treatment/aid in the event of illness or injury during the process of receiving services, any participation on my part at Runnin' Free Ranch, or while being on the property of Runnin' Free Ranch. In the event emergency treatment/aid is required, I wish the following procedures to take place:

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

Volunteer Signature or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

### **PHOTO RELEASE**

\_\_\_\_ **I consent** to and authorize the use and reproduction by Runnin' Free Ranch of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program

\_\_\_\_ **I do not** consent to nor do I authorize the use and reproduction by Runnin' Free Ranch of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program

Volunteer Signature or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **LIABILITY RELEASE**

I or the undersigned parent or legal guardian of \_\_\_\_\_, acknowledge the risks and potential hazards of equine assisted activities; however, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Runnin' Free Ranch, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees, for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Runnin' Free Ranch programs.

#### **WARNING**

**I understand that under Texas Equine Liability Act (Chapter 87, Civil Practice and Remedies Code), 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.**

I, the undersigned, have read this waiver of liability in its entirety. I understand the terms of this release and have signed this release voluntarily and with full knowledge of the effects thereof.

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

Signature of Parent/Guardian \_\_\_\_\_  
*(If volunteer is under 18 years of age)*