



Kassie Schuerr—Director  
Equine Assisted Therapeutic Riding Facility  
4390 N. Glen Rd. Kingman, Az. 86409 928-279-7581  
www.kingmanshealinghooves.com

## Volunteer/Staff Paper Work

### General Information:

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

Address \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Employer or student/school \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ (C) \_\_\_\_\_

Address if different: \_\_\_\_\_

Email (self or parent/guardian): \_\_\_\_\_

### **HEALTH HISTORY:**

Last Tetanus shot: \_\_\_\_\_ TB (+-) \_\_\_\_\_ Date: \_\_\_\_\_

(You are welcome to help without an updated shot, although keep in mind that Tetanus is caused by the bacterium *Clostridium tetanii* which can be found in soil and droppings just about everywhere. It survives in the environment for long periods of time)

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone and joint function, recent hospitalizations/surgeries and lifestyle changes:

---

---

---

### **ALLERGIES:**

---

---

---

### **MEDICATIONS:**

---

---

---

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

( ) Volunteer ( ) Staff

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

Address \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Employer or student/school \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

In the event of an emergency, please contact:

NAME \_\_\_\_\_ Relationship \_\_\_\_\_ phone \_\_\_\_\_

NAME \_\_\_\_\_ Relationship \_\_\_\_\_ phone \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Facility \_\_\_\_\_ Heath Ins. \_\_\_\_\_

Policy # \_\_\_\_\_

In the event of an emergency, medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property; I authorize (ASTHTARL) and (KHHEATRC) and its agents to:

1. Secure and retain medical treatment and transportation if needed; and
2. Release client records upon requests to the authorized medical individual or agency involved in treatment.

**CONSENT PLAN**— This authorization includes, but is not limited to; x-ray, surgery, hospitalization, medication, and any treatment deemed “lifesaving” by the physician. This provision will be invoked only if above person(s) is unable to be reached.

CONSENTING SINGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NON-CONSENT PLAN**—I do not give my consent for emergency medical treatment or aid in the event of illness or injury on the property of (ASTHTARL) and (KHHEATRC). Parent or Legal Guardian will remain on site all times during equine assisted activities. In the event emergency treatment/aid is required, I authorize the following procedures to take place: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# **VOLUNTEER/STAFF INFORMATION FORM:**

## **INTERESTS: (Circle which areas you are interested in):**

### PROGRAM

Horse Handling  
Side-walking  
Stable Management  
Facility Repairs  
Volunteer Recruitment  
Horse Training/Exercising

### SPECIAL EVENTS

Fundraising  
Photography/video  
Newsletter  
Event Coordination

### ADMINISTRATION

Public Relations  
Grant writing  
Budget & Finance

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 KHHEATR program.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHOTO/VIDEO Release** ( ) I do ( ) I do NOT

Consent to and authorize the use and reproduction by (ASTHTARL) and (KHHEATRC) of any and all photographs and any other audio, visual materials taken of me for promotional material, education activities, exhibitions, or for any other use for the benefit of the center.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## **BACKGROUND INFORMATION:**

Have you ever been charged with a conviction or a crime? N \_\_\_\_\_ Y \_\_\_\_\_ If so please Explain. \_\_\_\_\_

(A background check if needed will be the responsibility of volunteer to cover fees)

**CURRENT DRIVERS LICENSE?** ( ) Y ( ) N STATE: \_\_\_\_\_ EXP \_\_\_\_\_  
License number \_\_\_\_\_

I, \_\_\_\_\_ (Volunteer/Staff), authorize (ASTHTARL) and (KHHEATRC) 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 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 that I expressly DO NOT authorize (ASTHTARL) and (KHHEATRC), it's directors, officers, staff, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

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

## Volunteer/Staff Information AND Waiver of Liability:

Confidentiality Agreement: ( ) Volunteer ( ) Staff

I understand (ASTHTARL) and (KHHEATRC) program is designed for physically, mentally, and emotionally challenged individuals. It is a therapy program which is a member of PATH.

As such, it is guided by the same rules and regulations of the medical community. All information regarding participants and their identity, their therapeutic needs, type of therapy utilized, and medical records are confidential. All information in a participant's file is strictly confidential. I am not allowed to disclose or discuss any information regarding the program, its participants or practices.

Should I do so, I risk immediate dismissal from (ASTHTARL) and (KHHEATRC) and possible legal action.

I am aware there may be other instances and examples of confidentiality no listed above to which I am held in the same fashion. By my signature, I agree to uphold all the elements of this confidentiality agreement.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Volunteer) (parent/legal guardian)

Print Name \_\_\_\_\_

### LIABILITY:

I hereby acknowledge there are risks and potential risks inherent to horseback riding. I believe by participating in Therapeutic Riding, the benefits to my health are greater than risks assumed. I have seen and read the warning signs posted on the opening gates to our facility. \_\_\_\_\_

(Initials)

I hereby intend to be legally bound and claim full responsibility for myself, my heirs and assigns, executors or administrators, friends and all guests present on their behalf and if volunteer is a minor. In addition, I waive and release forever all claims and damages against (ASTHTARL and KHHEATRC) and its owner, Board of Directors, employees, all successors, assigns, subsidiaries, franchises, affiliates, partners, tenants, servants, agents, volunteers, and contractors. I also hold (ASTHTARL and KHHEATRC) completely harmless and liable and release them from all liability whatsoever and agrees NOT to sue them on account of or in connection with any claims, causes of actions, injuries, damages, costs or expenses arising out of volunteer/rider's use of or presence upon horses, property and facilities, including consequential damages, except if the damages are caused by the direct, willful and wanton gross negligence of ASTHTARL & KHHEATRC. I accept the risk and assume the responsibility for any and all injuries and/or losses I may sustain while participating in equestrian activities or while on the premises of (ASTHTARL) and (KHHEATRC) residing at 4390 N. Glen Rd, Kingman, Az. 86409 and/or while participating at events representing KHH as in horse show, parades, fundraisers and demonstrations.

Please initial the following.

- Volunteer/rider understands there are risks in and around equine activities and has read the equine warning. \_\_\_\_\_

- Volunteer/Rider agrees to assume any and all risks involved with in or arising from volunteer/rider use of horses or presence upon ASTHTARL and KHHEATRC property and facilities including without limitation but not limited to: the risk of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicle or other horse or stationary object, fire or explosion, the unavailability of emergency medical care, and/or negligence and/or deliberate act of another person. \_\_\_\_\_
- Volunteer/rider is responsible for full and complete **insurance** coverage on his horse, personal property and himself/herself. \_\_\_\_\_
- Volunteer/rider agrees to waive the protection afforded by any statute or law in any jurisdiction who purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving up the release does not know or expect to exist at the time of executing the release. \_\_\_\_\_
- Volunteer/rider agrees to indemnify and defend **ASTHTARL and KHHEATRC** and all successors, assigns, subsidiaries, franchises, affiliates, officers, directors, owners, partners, employees, servants, and agents against and hold harmless from any and all claims, causes of action, damages, judgements, costs or expenses including attorney's fees, which in any way arises from the volunteer/riders use of or presence upon **ASTHTARL and KHHEATRC** property and facilities. \_\_\_\_\_
- Volunteer/rider agrees to abide by all of **ASTHTARL and KHHEATRC's** rules and regulations. **Protective headgear is required** due to the inherent risks of equine activities. \_\_\_\_\_
- If volunteer/rider is using a riders own horse, the horse shall be free from infection, contagious or transmissible diseases. **ASTHTARL and KHHEATRC** reserves the right to refuse the horse if not in proper health or is deemed dangerous and undesirable. \_\_\_\_\_
- If volunteer/rider's own horse is injured in any way while on **ASTHTARL and KHHEATRC** property or event (horse show, parade or demonstration), volunteer/rider agrees to hold **ASTHTARL and KHHEATRC** and its agents harmless. Volunteer/rider agrees to pay any and all attorney fees for **ASTHTARL and KHHEATRC** in any legal actions or suits in relation to a rider or their horse's injury. \_\_\_\_\_
- This contract is non-assignable and non-transferable and is made and entered into the State of Arizona and shall be enforced and interpreted under the laws of this state. Should any clause be in conflict with the State Law, then the clause is null and void. When **ASTHTARL and KHHEATRC** and volunteer/rider (rider's parent or guardian) sign this contact, it will be binding on both parties, subject to the above terms and conditions. \_\_\_\_\_
- **\*\*NOTICE: THIS IS AN EQUINE FACILITY.** All activities on these grounds are subject to the Equine Inherent Risk Law. Arizona statute: Citation: AZ ST& 12-553 by your presence on these grounds you have indicated that you have accepted the limit resulting from the inherent risk of equine activities. **THIS IS NOT A SPECTATOR AREA All persons in this area will be regarded as participants/volunteers and limited by the INHERENT RISK LAW\*\*\*\*\*** \_\_\_\_\_
- **WARNING: Under Arizona law, no person, shall be liable for damages sustained by another as a result of risks inherent in equine activity, in so far as those risks are, or should be, reasonable obvious, expected or necessary to the person injured, AZ.** \_\_\_\_\_

I have read the Equine warning and both pages of this liability release form. I fully understand and agree to this release.

Participant \_\_\_\_\_ Date \_\_\_\_\_  
 (Print name) (no expiration date)

Signature \_\_\_\_\_  
 (Participant, Parent/Legal Guardian)

How did you hear about our facility? \_\_\_\_\_