SHAR VOLUNTEER/STAFF REGISTRATION

Name: _____ DOB: ___ / ____ / _____

Age: _____ Height: _____ Weight: _____ (Maximum weight for horseback riding not to exceed 200 lbs.)

Parent/Guardian Names: _____

Home Address: _____ City: _____ State: ____ Zip:_____

Email Address:_____

Cell Phone:_____ Home Phone: _____(circle preferred number)

How did you find out about Shady Hollow Assisted Riding? _____

School: _____

Training Date (office use only) : _____

Please note that attending volunteer training class does not count toward volunteer hours.

A $30 Membership Fee is requested for all new Program Volunteers. *The fee covers the cost of the training class and a SHAR T-Shirt as well as provides discounts and access to activities at the farm. If for any reason you are unable to pay the fee, please inform a staff member.*

Photo Release:

I consent to and authorize the use and reproduction by ***Shady Hollow Assisted Riding*** of any photographs and audio-visual materials taken of me for promotional material, educational activities, and exhibitions to benefit programs at SHAR.

Date: _____ Signature: _____

Date: _____ Parent/Guardian Signature: _____

Liability Release:

To participate in any program at ***Shady Hollow Assisted Riding***, I acknowledge the risks and potential for risks of horseback riding and associated activities. However, I feel that the possible benefits are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors and administrators, waive and release forever all claims for damages against ***Shady Hollow Assisted Riding & Shady Hollow Farms,*** it's owners, board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses that may be sustained while participating in ***Shady Hollow Assisted Riding's*** programs.

For this privilege I have read and agree to comply with all rules posted on the property and agree to wear an ASTM/SEI approved helmet.

Date: _____ Signature: _____

Date: _____ Parent/Guardian Signature: _____

Program
- ◊ Horse Handling
- ◊ Sidewalking with Student
- ◊ Horse Exercising
- ◊ Grooming

Non-Program
- ◊ Fundraising
- ◊ Special Events
- ◊ Stable Management
- ◊ Facility Maintenance
- ◊ Court Appointed Service

Administration
- ◊ Public Relations/Outreach
- ◊ Grant Writing
- ◊ Volunteer Recruitment
- ◊ Committee Member
- ◊ Social Media
- ◊ Budget/Financing
- ◊ Future Planning

Name: _____

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine environment.

Address fitness, cardiac, respiratory, emotional well being and any recent surgeries.: _____

_____

_____

_____

List Allergies: _____

_____

Medications: _____

_____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering, or while being on the property, I authorize ***SHADY HOLLOW ASSISTED RIDING*** to:

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

Emergency Contact Information

Name: _____ Phone: _____

Relationship: _____

Physician Contact Information

Name: _____ Phone: _____

Preferred Medical Facility: _____

Consent

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 listed below is unable to be reached.

Signature: _____ Date_____

Non-consent

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of volunteering or while being on the property.

Signature: _____ Date: _____

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 the program's offered at Shady Hollow Assisted Riding.

Signature: _____ Date: _____

Phone: _____

Name: _____

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending activities at ***Shady Hollow Assisted Riding (SHAR)*** and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at SHAR may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SHAR employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at ***Shady Hollow Assisted Riding*** or participation in ***SHAR*** programming. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless ***Shady Hollow Assisted Riding***, its employees, agents and representatives, of and from ***SHAR***, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of ***Shady Hollow Assisted Riding***, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any ***SHAR*** program.

Date: _____ Signature: _____

Date: _____ Parent/Guardian Signature: _____

Background Information

Have you ever been charged with or convicted of a crime Y N If yes, please explain; _____

_____

_____

Current Driver's License Number is applicable: _____ State: _____

SHAR is required by the State of Pennsylvania to have all volunteers and staff over the age of 18 submit a current Child Abuse Clearance and Criminal Background Check.

Clearances need to be submitted before first Volunteer Shift

http://www.dhs.state.pa.us/findaform/childabusehistoryclearanceforms/index.htm

Confidentiality Agreement

I understand that all information (written and verbal) about participants at ***Shady Hollow Assisted Riding*** is confidential and will not be shared with anyone without the expressed written consent of the participant.

Signature: _____ Date: _____