



THE RIGHT STEP, INC.
THE HEALING POWER OF HORSES
A PATH Intl. Premier Therapeutic Riding Program

Volunteer Information Form and Health History

(Must be completed by a parent/guardian if volunteer is under 18)

GENERAL INFORMATION

Name: _____ Date: _____

Date of birth: _____ Email: _____

Address: _____

Home phone: _____ Cell phone: _____

Emergency Contact Name and Phone: _____

Employer/School: _____

Address: _____

How did you learn about The Right Step? _____

T-Shirt Size: XS S M L XL XXL

HEALTH HISTORY

Last Tetanus Shot: _____ (Consult your physician if you are not up to date with this shot)

Please describe your current health status as it relates to the physical/emotional demands of working in an equine assisted program:

Known allergies: _____

AREAS OF INTEREST

- | | | |
|---|---|--|
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Side walking with a Client | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant writing |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Future Planning | <input type="checkbox"/> Volunteer Recruitment |
| <input type="checkbox"/> Website/Social Media | <input type="checkbox"/> Office/Paperwork | |

What is your horse experience? _____

What is your experience in working with people with disabilities? _____

Name: _____ Date of Birth: _____

BACKGROUND INFORMATION

Current driver's license number: _____ State: _____

Have you ever been convicted of a crime? No Yes: please explain _____

I understand that The Right Step, Inc. reserves the right to conduct a criminal background check, 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 or animals. I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize The Right Step, Inc., its directors, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature

Date

CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) about clients, volunteers, and employees of The Right Step, Inc. is confidential and **will not be shared with anyone** without their and/or their parents'/guardians' expressed written consent. This includes all medical, social, referral, personal, financial, and otherwise sensitive information. I understand that individuals who breach confidentiality will be dismissed as volunteers for The Right Step, Inc.

Signature

Date

MEDIA RELEASE

I Do Do Not consent to and authorize the use and reproduction by The Right Step, Inc. 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 Right Step, Inc.

Signature

Date

TRUTH OF INFORMATION

The information provided above is accurate to the best of my knowledge. I know of no reason why I should not volunteer at The Right Step, Inc.

Signature

Date



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT
(Must be completed by parent/guardian if under 18)

Name: _____ DOB: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Physician: _____ Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy Number: _____

Allergies to Medications: _____

Current Medications: _____

In the event of an emergency, contact:

1. Name: _____ Relation: _____ Phone: _____
2. Name: _____ Relation: _____ Phone: _____
3. Name: _____ Relation: _____ Phone: _____

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury while participating in a program of The Right Step, Inc., I authorize The Right Step, Inc. to:

1. Secure and retain medical treatment and transportation as deemed necessary.
2. Release appropriate records to the authorized individual/agency involved in the medical emergency treatment.

This authorization includes medical imaging, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by a physician. This provision will only be invoked if a person above is unable to be reached.

Consent Signature (Signed in presence of TRS rep)

Date

Non-consent Plan

I **do not** give my consent for emergency medical treatment or first aid in the event of illness or injury while participating in a program of The Right Step, Inc. I agree that a parent or legal representative will remain on site all times during equine assisted activities. In the event emergency treatment or first aid is required, I wish the following procedures to take place:

Non-consent Signature (Signed in presence of TRS rep)

Date



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LIABILITY WAIVER

IMPORTANT: THIS IS A LEGAL DOCUMENT

Please read and understand this document before signing. If you have any questions, please ask us or consult an attorney.

The Right Step, Inc. has done everything possible to assure that our clients, volunteers, and guests have a safe and fun equine related experience. However, we wish to inform our clients, volunteers, and guests that equine related activities are not risk free. As the Colorado Legislature has acknowledged, the same elements that contribute to the unique character and fun of equine related activities can cause loss or damage to equipment, bodily injury, illness, or in extreme cases, permanent trauma or death. We do not want to reduce your enthusiasm for the experience, but in accordance with Colorado law, we want you to be informed of the possible risks. Colorado requires that we inform you of the following:

WARNING

Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119 of the Colorado Revised Statutes.

Before participating in any equine activities, we ask that you read, sign, and return this form to us. It will be kept on file as long as you continue to participate in **The Right Step, Inc.** activities.

ACKNOWLEDGEMENT OF RISK

- “Equine activity” includes, but is not limited to riding, grooming, driving, participating in equine assisted therapy of any kind (including, but not limited to, therapeutic riding and hippotherapy), leading horses, side walking for clients, or participating in a horse show or demonstration. The term “engages in equine activity” does not include being a spectator at an equine activity, except in cases where the spectator places him/herself in an unauthorized area and in immediate proximity to the equine activity.
- “Equine” means a horse, pony, mule, donkey, or hinny.
- “Equine activity sponsor” means an individual, group, club, partnership, or corporation, whether or not the sponsor is operating for profit or not for profit, which sponsors, organizes, or provides the facilities for, an equine activity. **The Right Step, Inc.** and Coventry Farms, where it operates, are “equine activity sponsors”.
- “Equine professional” means a person engaged for compensation in instructing a client for the purpose of riding, therapeutic riding, equine assisted therapy, or hippotherapy.
- “Inherent risks of equine activities” means those dangers or conditions which are an integral part of equine activities, including, but not limited to: the propensity of the animal to behave in ways that may result in injury, harm, or death to persons, on or around them; the unpredictability of the animals’ reactions to such things as sounds, sudden movement, and unfamiliar objects, people, or animals; the exposure to certain hazards such as surface and subsurface conditions; or the chance of collisions with other animals or objects. It is also possible that some clients, volunteers, or guests would suffer mental anguish or trauma from the experience of their injuries.

This list is not an exclusive or exhaustive list of possible injuries, trauma, or accidents that may occur during equine related activities. The use of drugs or alcohol increases the risk of injury during equine activities.

I certify that I am fully capable of participating in equine related activities. I state that I have read the above statement on some of the possible risks in these activities. Therefore, I assume full responsibility for myself for bodily injury, death, loss of personal property, and any expenses as a result of my negligence. I state that I will inform **The Right Step, Inc.** of any limits with respect to my ability to safely engage in equine activities or to safely manage a particular equine, known to or reasonably foreseen by me. I also understand that **The Right Step, Inc.** reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in equine related activities. If I am a volunteer or guest, I am in good physical condition and able to undertake this activity. If I am a client, I have had a medical release signed by a medical professional.

CONTRACT, WAIVER AND RELEASE, AND INDEMNIFICATION

1. I agree to indemnify and hold harmless **The Right Step, Inc.**, their agents and employees from all claims, damages, losses, injuries, and expenses arising out of or resulting from participation in these activities. I further agree to release, acquit and covenant not to sue **The Right Step, Inc.**, their agents and employees for all actions, causes of actions, damages, or damages in law or remedies in equity of whatever kind.
2. I agree to submit to jurisdiction in Colorado for any lawsuit involving me and arising out of or resulting from my participation in these activities. I agree that the venue for any such lawsuit shall be within Colorado and any such lawsuit shall be governed by Colorado law. The terms of this agreement shall continue and be in effect after equine related activities have ended.
3. I hereby agree that if **The Right Step, Inc.** is forced to defend any action, lawsuit or litigation initiated by me, my executors, or my heirs on my behalf, my heirs or executors and I agree to pay **The Right Step, Inc.** costs and attorney fees if they successfully defend such action, lawsuit, or litigation.

(Please Select **Yes** or **No** for each of the four statements below)

(____) I hereby give permission for transportation to any medical facility or hospital and I authorize any qualified medical personnel to render necessary emergency medical care (unless indicated below).

(____) Pursuant to Colorado Law, I hereby wish that extraordinary measures be used to keep me alive in case of a medical emergency. This includes cardiopulmonary resuscitation (CPR).

(____) I do not have any medical conditions that would prevent my participation in this activity.

(____) I understand that all volunteers, clients, and guests must wear an approved helmet while riding. If I refuse to wear a helmet, I will not be permitted to ride.

I, _____, of my own free will, have read, understand, and acknowledge the risks of participating in this voluntary activity, and this waiver of liability.

Date: ____ day of _____, 20____.

Participant

Parent or Guardian

Address

Phone

EMERGENCY CONTACT INFORMATION

Participant's Name

Participant's Parent or Guardian

Emergency Contact:

Medical Insurance:

Name_____

Provider_____

Address_____

Policy #_____

Phone_____

Doctor_____

Phone_____