

Therapeutic Horsemanship of West Michigan
VIDEO, FILM AND PHOTOGRAPHY RELEASE

The undersigned here ___ does ___ does not grant to Therapeutic Horsemanship of West Michigan permission to take or have taken still and moving photographs and films, including television pictures of, _____ my child/ward or myself as legally competent adult volunteer over 18 years.

I consent and authorize Therapeutic Horsemanship of West Michigan, its advertising agencies, news media, and any other persons interested to use and reproduce the photographs, films and pictures, and to circulate and publicize the same by all means including, without limiting the generality of foregoing, newspaper, television, media brochures, pamphlets, instructional materials, books, clinical materials, and internet websites, for the primary purpose of promoting and aiding the aforesaid program and its work.

Signature of adult volunteer _____ Date _____
Signature of parent/guardian _____ Date _____

PERMISSION TO CONDUCT CRIMINAL BACKGROUND CHECKS

I hereby authorize Therapeutic Horsemanship of West Michigan to conduct a criminal background check through local and state law enforcement agencies, at their discretion.

Signature of adult volunteer _____ Date _____

AUTHORIZATION FOR PURPOSE OF PROVIDING MEDICAL TREATMENT

The undersigned hereby ___ does ___ does not grant permission to an appropriate medical facility to treat _____ (volunteer's name) for minor injury or medical problems. In the event of serious injury or illness, the parent/guardian or emergency contact listed on this form will be contacted; treatment will proceed before contacting them only if the situation is urgent and does not permit delay.

Preferred Medical Facility _____

In case of medical emergency, the undersigned authorizes the THWM instructor and/or other staff to seek and medical and/or surgical treatment necessary for the care of _____ who is participating as a volunteer in the THWM program, with parent/guardian permission (under 18).

The undersigned understands that **NO LIABILITY** can be accepted by any individual or organization concerned with this program in the event of any accident resulting in injury or death may occur.

Health Insurance Policy Holder _____

Name of Insurance Company _____

Policy Number _____ **Policy Holder Employer** _____

If you have HMO or PHP insurance, please list the emergency phone number for treatment authorization: _____

The above designated person(s) is(are) hereby authorized to incur medical costs necessary to provide medical treatment for said participant, for which the undersigned shall be fully responsible. The undersigned authorizes the medical care facility to release any and all information required to complete insurance claims and authorizes insurance payment directly to the medical facility.

Signature _____ Date _____

(adult volunteer or parent/guardian if under 18)

Therapeutic Horsemanship of West Michigan

VOLUNTEER INFORMATION SHEET AND RELEASE OF LIABILITY FORM

Name _____ Date _____
Address _____ County _____
City _____ Zip _____ Age (if under 21) _____
Phone (_____) _____ - _____ Email _____

Emergency Contact Person _____
Relationship _____ Phone(_____) _____ - _____

Pertinent Physical Limitations or Conditions (or allergies) _____

Handicappers Experience (please detail) _____

Employer _____
Civic Affiliations (service organizations, clubs, etc) _____

Are you interested in working with: Kids Adults At Risk Youth
Would you be interested in volunteering for other THWM activities such as fundraising events and other activities? Yes No

We ask that our volunteers commit to a minimum of one two-hour period for a scheduled session. Please contact us at least 24 hours in advance if you are unable to assist at your scheduled time. No individual may participate as a volunteer in the Therapeutic Horsemanship of West Michigan until this form has been completed and signed, by volunteer or, if under 18, by a parent or guardian. Equine activities carry with them certain inherent risks. Every effort will be made to ensure the safety of all persons involved. Please read carefully the agreement below before signing.

I _____ assume the risks and accept the consequences involved in participation in the Therapeutic Horsemanship of West Michigan Program. I am hereby informed of the possible dangers to me that may result from participation including soft tissue (including skin and muscle) injury, ligament and tendon injury, bone/joint injury, and exacerbation of chronic conditions. I recognize that the aforementioned listing may not be complete, but further explanation is not requested by me. I accept the responsibility for complying fully with all safety regulations and practices, and I will consult with the instructor or coordinator for advice in circumstances where safe practices are in doubt.

I hereby release Therapeutic Horsemanship of West Michigan, its instructors, staff, facility, and any other individuals or organization involved from any liability for injury that may result from participation in the programs. I have read and fully understand this document.

Signature _____ Date _____

Completion of this form constitutes parent/guardian permission for the named individual to participate as a volunteer in this program.

Parent/Guardian Signature (under 18) _____ Date _____