

**Stajduhar Stables
816 L.D. Lockett
Colleyville, Texas 76034
817-849-1999**

Volunteer/Staff Information Form and Health History

General Information:

Name _____ Date _____

Email Address _____

(Email addresses are not shared, volunteer scheduling and communication are sent via email)

Address _____

Employer/School _____

Address (work) _____

Date of Birth _____ Phone (home) _____ work _____

Parent/Guardian Name and Address _____

How did you learn about the program _____

Recent medical tests: last Tetanus shot _____ TB test + - date _____

Consult your physician or local Health Department if you are not up to date with these shots/ tests

Have you ever been charged with or convicted of a crime? Y N; please explain

I, _____, authorize Stajduhar Stables to receive departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had or violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize Stajduhar Stables, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature _____ Date _____

Health History:

Please describe your current health status, particularly regarding the physical/emotional demands of working in a physical therapy/hippotherapy program. Address fitness, cardiac, respirator, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies _____

Medications _____

Photo Releases:

I consent to, and authorize the use and reproduction by Stajduhar Stables of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature _____ Date _____

Describe your abilities/experience in working with horses:

Describe your abilities/experience in working with people with disabilities:

Is this volunteer experience to fulfill requirements for school/other? If yes, please explain:

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 this Physical Therapy program.

Signature _____ Date _____

Stajduhar Stables
Consent for Emergency Medical Treatment

VOLUNTEER NAME _____

PARENT/GUARDIAN _____

ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE _____ DOB _____
(Home) (Work)

PHYSICIAN'S NAME _____ ADDRESS _____

PHYSICIAN'S TELEPHONE _____

Person who is authorized to give temporary assistance or care in absence of parent or guardian:
Name _____

Telephone _____ Relationship _____

Preferred Medical Facility _____

Describe any medical condition requiring special precautions or treatment and any medications and dosage:

A None _____

B Please describe _____

In case of medical emergency, the undersigned authorizes Stajduhar Stables to provide such medical assistance as they determine to be necessary.

If the volunteer named above is younger than 18 years, the undersigned authorizes Stajduhar Stables, acting through the adult on its staff who has actual care, control and possession of the child to consent to medical, dental, and surgical treatment of the child when the undersigned cannot be contacted. The undersigned represents to Stajduhar Physical Therapy that he or she is the child's parent and either (i) is not divorced from the other parent, or (ii) is divorced from the other parent, but has been authorized by a written court order to give consent to medical and dental care and surgical treatment of the child. The undersigned will indemnify and hold Stajduhar Physical Therapy, its officers, members, employees and agents harmless if he or she is not empowered by law to give this consent.

The undersigned authorizes any licensed physician and /or medical facility to provide any medical/surgical care and/or hospitalization for the child, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent form from the undersigned.

No person can be accepted for volunteering until this form has been completed by the parent/parents or guardian. If the person is of legal age (18), he or she may complete the form, if he or she is legally competent to do so. Instruction will be under strict supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned, including Stajduhar Physical Therapy.

Yes, I would like _____ to volunteer at Stajduhar Stables. I acknowledge that riding and involvement with horses is a high-risk activity. I understand that NO LIABILITY can be accepted by any organization concerned with this instruction, including Stajduhar Physical Therapy, in the event of any accident which may occur.

SIGNATURE OF VOLUNTEER IF OVER AGE 18 DATE

SIGNATURE OF PARENT/PARENTS OR GUARDIAN DATE

INSURANCE CARRIER POLICY NUMBER

Stajduhar Stables
Non-Consent For Emergency Medical Treatment
(Fill out only the Consent **or** Non-Consent form, **not both.**)

Volunteer Name _____

Parent/Guardian (if volunteer is under 18) _____

Address _____
(Street) (City)

Telephone _____
(Home) (Work)

DOB _____

I do not give my consent for emergency medical treatment/aid in the event of illness or injury during the process of receiving services or any participation on my part at Stajduhar Stables. In the event emergency treatment is required, I authorize Stajduhar Stables or its representatives to take the following action in my behalf.

Please notify the following the event of emergency:

Name _____

Phone Number _____

Name _____

Phone Number _____

No person can be accepted for participation at Stajduhar Stables until this form has been completed. If the person is of legal age (18), he/she may complete the form. If the person is not of legal age, the form must be completed by the parent/parents or guardian. Instruction and program activities will be under strict supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned, including Stajduhar Physical Therapy.

Yes, I would like _____ to volunteer at Stajduhar Stables. I acknowledge that riding and involvement with horses is a high-risk activity. I am the parent/guardian of _____.

SIGNATURE OF VOLUNTEER IF OVER 18 DATE

SIGNATURE OF PARENT/GUARDIAN DATE

Stajduhar Stables
816 West L.D. Lockett
Colleyville, Texas 76034
817-849-1999 phone/fax

Name of Volunteer _____

Release of Liability

Stajduhar Physical Therapy, or its officers, members, employees and agents will not be responsible for any damages to person, animal or property at Stajduhar Stables its grounds, nor will they be responsible for any property lost or destroyed. The undersigned rider/parent/guardian or volunteer hereby releases Stajduhar Physical Therapy, its officers, members, employees and agents from any and all liability, claims, and damages whatsoever (including costs, expenses, and attorney's fees) that might result from damages, injuries, or losses to their person or property during, or in connection with, or arising out of any show, clinic, event or function, whether or not such damages, injuries, or losses result or indirectly from the negligent act or omission of such released parties.

Warning: Under Texas Law (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.

In exchange for the use of property owned by Stajduhar Physical Therapy and other valuable consideration, I agree that my use of the premises and any animals, facilities, or equipment owned by Stajduhar Physical Therapy is at my own risk. I further agree to indemnify and hold harmless Stajduhar Physical Therapy, their respective officers, members, employees, and agents from any and all suits, actions, or claims of any type arising from my use of the premises or participation in the equine activity of such use by my guest, whether or not such claims result directly or indirectly from the negligent act or omissions of the indemnifies parties or otherwise.

I acknowledge that riding and involvement with horses is a high risk activity. I have read this agreement and fully understand its content.

Please sign here: _____
(Adult Volunteer, 18 years old or older OR Parent/guardian/caregiver of minor child)

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Emergency Procedures / Privacy Procedures

I, _____, have read and understand the following Stajduhar Stables
Emergency Procedures documents:

- a. Fire Emergency Plan
- b. Medical Procedures and Safety Rules
- c. Tornado/Severe Weather Plan
- d. Urgent Action Procedures

My signature below signifies that I understand that the privacy of the health information of the clients served by Stajduhar Stables is of utmost concern to the staff here and that we are all legally bound to protect that information. I understand that in the normal course of working and assisting in the care of Stajduhar Stable clients, I may learn privileged information about that client. This may include surname, diagnoses, disabilities that could be emotional, psychological, or physical; as well as personal family or relationship information, and other similar data. I will in no way violate these clients' privacy rights by disclosing any of this information to anyone. I have received instruction regarding this topic in my orientation to the stables.

Signed _____
Dated _____