



FIELDSTONE FARM
 Therapeutic Riding Center
 P.O. Box 23129
 Chagrin Falls, OH 44023
 (440)708-0013

~ MISSION STATEMENT ~
 Through a special partnership with horses, Fieldstone Farm Therapeutic Riding Center (TRC) offers programs designed by professionals to foster personal growth and individual achievement for people with disabilities.

VOLUNTEER REGISTRATION RENEWAL 2010

*****You only need to fill out information in this top section that has changed since 2009*****

Date _____

Name _____
 Address _____ Apt./Unit _____
 City _____ State _____ Zip _____
 Home Phone (____) _____ Work Phone (____) _____
 E-mail address _____ Cell Phone _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT/REFUSAL OF TREATMENT

The undersigned hereby grants to a staff member of Fieldstone Farm Therapeutic Riding Center (TRC), Inc. the authority to make health care decisions with respect to the volunteer if the undersigned is unavailable to make such decisions. The term "health care" and "health care decisions" as used in this form shall have the meanings set forth in the Ohio Revised Code Sections 1337.11 through 1377.11.

Volunteer Signature _____ Date _____

Signature of Parent or Guardian (if under 18 yrs.) _____ Date _____

I decline medical treatment

Volunteer Signature _____ Date _____

Signature of Parent or Guardian (if under 18 yrs.) _____ Date _____

In case of emergency, contact:

Name	Relationship	Day Phone	Evening Phone

Please list any medical conditions or medications you are currently using that might affect your volunteer duties or that Fieldstone Farm TRC should be aware of in case of an emergency (i.e. bee sting allergies, asthma, back pain, history of seizures, etc.), or any reason why working with children, horses and the public sector may not be appropriate. Please attach additional sheets if necessary.

THIS DOCUMENT IS TWO PAGES LONG. TURN OVER FOR SECOND SIDE.

RELEASE AND HOLD HARMLESS AGREEMENT

The Undersigned acknowledges that Fieldstone Farm Therapeutic Riding Center (TRC) has fully explained to me the risk involved with horseback riding, horse-related activities and/or working around horses. These risks include but are not limited to bodily injury, permanent disability, physical harm to rider, horse and spectator, and even death. I further understand that the horse is a prey animal and regardless of its calm nature and training, the horse will revert to its natural instinct to fight or flee when frightened. These actions may include but are not limited to changing speed or direction at will, shifting its weight, bucking, rearing, kicking, biting, or running from danger.

I further understand that Fieldstone Farm TRC and its representatives are not responsible for acts, occurrences, or elements of nature which include but are not limited to thunder, lightning, rain, snow, wind, and irregular footing which is subject to constant change in condition according to weather, temperature, usage, and natural and man-made changes in landscape.

Therefore, in consideration of the privilege of riding and/or working around horses at Fieldstone Farm TRC located at 16497 Snyder Rd., Chagrin Falls, Ohio, the Undersigned does hereby agree to hold harmless and indemnify Fieldstone Farm TRC, its employees, volunteers, board of trustees and students and further release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned, or to any horse owned by the Undersigned, or to any family member or spectator accompanying the Undersigned on the premises.

I further agree that Fieldstone Farm TRC has made an employee or volunteer manual available to me. I have also received and read a copy of the Equine Liability Law which states:

Equine (Horse) Activity Sponsor, Equine And/Or Property Owner Is Not Liable For Any Damages Suffered During An Equine Activity On These Premises. A Horse Is A Large Animal And May Be Unpredictable And Dangerous At Times. Extreme Caution Should Be Taken In Their Presence. Participants Assume The Inherent Risk of Equine Activities.

_____ Signature	_____ Date
_____ Print Name	_____ Date
_____ Signature of Parent or Guardian (if under 18 yrs.)	_____ Date

PLEASE READ BEFORE SIGNING:

I understand:

- and have signed the attached Release and Hold Harmless Agreement;
- and grant Fieldstone Farm TRC permission to use my likeness, voice and/or words in television, radio, film or in any form to promote activities of Fieldstone Farm TRC;
- that current Tetanus and Hepatitis B vaccinations are recommended when working around horses and students;
- that I agree to submit to a background check and the results may or may not affect my ability to volunteer;
- **that, in order to volunteer at Fieldstone Farm TRC, I am committing to a minimum one class per week, or will participate in the Substitute System, and will give a minimum of two weeks notice when no longer able to volunteer.**

I affirm that I have read the above and that the information I have given is true and complete. I understand that if at any time the information provided is found to be knowingly falsified or inappropriate, I will no longer be allowed to volunteer for Fieldstone Farm TRC.

Volunteer Signature _____ Date _____

Signature of Parent or Guardian (if under 18 yrs.) _____ Date _____