



Bridge Riding for the Disabled
 743 West Pekin Road
 Lebanon, Ohio 45036-8492
 1-937-654-4693



VOLUNTEER FORM

(one per volunteer)

Name _____ Phone: (____) _____

Work phone _____ email _____

Are you available days? _____ Evenings? _____ Weekends? _____

Do you have any physical limitations? Y/N Specify _____

Can you walk for 60 minutes and jog for short distances? Y/N _____

Given a chance to change sides frequently, can you hold your arm above shoulder height and support a modest weight? Y/N _____

Are you comfortable working or walking around horses/ponies? Y/N _____

Do you have experience with horses or ponies? Y/N Specify _____

Do you have any other skills or training which may be of benefit to our program? _____

Where did you first hear about Bridge Riding for the Disabled? _____

Background Information: Have you ever been charged with or convicted of a crime? Y/N _____

If yes please explain.

I, _____ authorize Bridge Riding for the Disabled to receive information from any law enforcement agency 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. I DO NOT authorize Bridge Riding to disseminate this Information in any way to any other individual, group, agency, organization, or corporation.

Signature _____ Date _____

Current Driver's License Y N License Number _____ State _____

**BRIDGE RIDING FOR THE DISABLED (937) 654-4693
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Bridge Riding for the Disabled to:

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

Treatment for whom: _____ Phone:(_____)_____

Address: _____

City: _____ State _____ Zip _____

Contact: _____ Phone:(_____)_____

Contact: _____ Phone:(_____)_____

Physician's Name: _____ Phone:(_____)_____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy#:_____

CONSENT PLAN

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.

Date:_____ Consent Signature:_____

(Client, Parent or Guardian)

Print Name:_____ Phone:(_____)_____

Address:_____

NON-CONSENT PLAN

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

Date:_____ Non-consent Signature:_____

Photo Release:

I consent to and authorize the use and reproduction by Bridge Riding for the Disabled 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 program.

Date _____ Signature _____



**BRIDGE RIDING FOR THE DISABLED INC.,
 CUTLER RIDGE STABLE
 743 WEST PEKIN ROAD
 LEBANON, OHIO 45036
 (937) 654-4693**



RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE

READ CAREFULLY BEFORE SIGNING
SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY.
THE STABLE DOES NOT GUARANTEE YOUR SAFETY.

- A. "Equine" means a horse, pony, mule or donkey. "Equine activity" means an activity involving a horse or other Equine, including horseback riding, training, teaching, testing or evaluating, trailering, lodging, transporting, holding, leading, grooming, petting, tacking, side helping or assisting a rider and all activities covered by Section 2305.321 of the Ohio Revised Code.
- B. **REGISTRATION OF RIDERS AND AGREEMENT PURPOSE** In consideration of Bridge Riding for the Disabled Inc., Patricia Howe (whether acting as an individual, sole proprietor or otherwise) and Cutler Ridge Stable (collectively referred to as the "Stable") allowing my participation in horseback riding or other Equine activity, under the terms set forth herein, I, the following listed individual, and the parent or legal guardians thereof if a minor, do hereby voluntarily request to participate in riding instruction and/or other Equine activity at the Stable and that this student will either ride his/her own horse, or school horses provided by the Stable for instructional purpose, today and on all future dates:

RIDER NAME	AGE (If under 21)	WEIGHT Over 180#	HORSE RIDING EXPERIENCE (Check one which applies)
1.	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> BEGINNER (under 10 hours) <input type="checkbox"/> OVER 10 HOURS

Does this rider have any physical and/or mental health conditions, problems, disorders, and/or disabilities with special needs which may affect his/her safety and ability to ride a horse? **Yes No**
 If "yes" describe here and advise the Stable prior to riding of how we may assist you with any special needs:

- C. **ACTIVITY RISK CLASSIFICATION** - - I UNDERSTAND THAT: Horseback riding and other Equine activity is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According the NEISS (National Electronic Inquiry Surveillance Systems of United States Consumer Products) horse activities rank approximately 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.

Further, pursuant to the Ohio Equine Activity Statute (Ohio Revised Code Section 2305.321), I hereby acknowledge the following inherent risk of an equine activity:

"Inherent risk of an equine activity" means a danger or condition that is an integral part of an Equine activity, including, but not limited to, any of the following:

- a) the propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- b) the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons , or other animals;
- c) hazards, including, but not limited to, surface or subsurface conditions;
- d) a collision with another equine, another animal, a person, or an object; and,
- e) the potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

- D. **SADDLE GIRTHS/NATURAL LOOSENING** - - I UNDERSTAND THAT: Saddle girths (saddle fasteners around horse's belly) may loosen during a ride. If a rider notices this he/she must alert the riding instructor immediately so action can be taken to avoid slippage of saddle and a potential fall from the animal.

- E. PROTECTIVE HEADGEAR WARNING** - - I AGREE THAT: I have been fully warned and advised by the Stable that I should purchase and wear protective headgear of a quality not less than an SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Riding Helmet while riding, being and working around horses. I do understand that the wearing of such headgear while mounting, riding, dismounting, and otherwise being around horses, may prevent or reduce severity of some of the headgear wearer's head injuries and may even prevent the wearer's death from happening as the result of a fall from a horse or other occurrence.
- F. NATURE OF THE STABLE'S SCHOOL HORSES** - - I UNDERSTAND THAT: The Stable chooses the school horses based on its perception of their calm dispositions and sound basic training as is appropriate for use for STUDENT RIDERS, and the Stable follows a rigid safety program. Yet, no riding horse is a completely safe horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and 3 to 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of from 3 ½ to 5 ½ feet, and the impact may result in injury to the rider.
- G. RIDER RESPONSIBILITY** - - I UNDERSTAND THAT: Upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider's safety largely depends upon his/her ability to carry out instructions, and his/her ability to remain balanced aboard the moving animal. I agree that the rider is and shall be responsible for his/her own safety, including that of her unborn child, if the rider is pregnant. Pregnant women should ride horses only under the advice of their physician. the Stable advises pregnant women not to ride horses.
- H. CONDITIONS OF NATURE AND INSPECTION OF PREMISES** - - I UNDERSTAND THAT: The Stable is NOT responsible for total or partial acts, occurrences, or elements of nature or provocation that can scare a horse, cause it to fail, or react in some other unsafe way which may include, but is not limited to: Stopping short; Changing directions or speed at will; Shifting its weight; Bucking, Rearing, Kicking, Biting or Running from danger. SOME EXAMPLES ARE: Thunder, lightening, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. The rider and parent or legal guardian have inspected (or had the opportunity to inspect) the Stable's facilities and are satisfied that all premise conditions are reasonably safe for rider's intended purpose, usage and presence.
- I. ACCIDENT/MEDICAL INSURANCE** - - I AGREE THAT: Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such expenses incurred in connection therewith by such insurance company and/or me, my family, spouse, heirs, legatees, devisees and estate.
- J. LIABILITY RELEASE ASSUMPTION OF RISK** - - I AGREE THAT: In consideration of the Stable allowing my participation in horseback riding and/or other Equine activity, under the terms set forth herein, I, the rider, and the parent or guardian thereof if a minor, do (a) agree to hold harmless and release the Stable, its owners, agents, volunteers, employees, officers, members, premises owners, affiliated organizations, and Insurers from legal liability due to any of their negligence or to the negligence or actions of its riders or customers, (b) waive any legal claim I or my minor child or ward named above may have against the Stable, its owners, agents, volunteers, employees, officers, members, premises owners, affiliated organizations, and Insurers for injuries resulting from an inherent risk of an equine activity, including (but not limited to) those specified above and (c) agree that I am participating in all Equine activities at the Stable at my own risk and assume all risk of damage or injury to my person or property other than that due to the intentional misconduct of the Stable. I understand that this waiver will remain effective unless and until revoked by me in writing.
- K.** This agreement is governed by Ohio law regardless of the place of my residence. The courts of Ohio shall have exclusive jurisdiction over all matters related to this agreement.

SIGNER STATEMENT OF AWARENESS

I/WE, THE UNDERSIGNED, HAVE READ AND HAD AN OPPORTUNITY TO ASK QUESTIONS REGARDING THIS AGREEMENT AND THE STABLE. I DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT'S PHYSICAL CONDITION, EXPERIENCE, & AGE ARE TRUE AND ACCURATE.

SIGNATURE OF RIDER (Spouses must sign for themselves.) _____ NAME (Please Print) _____ DATE

SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE # 1 for _____ NAME (Please Print) _____ DATE

SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE # 2 for _____ NAME (Please Print) _____ DATE

Address in full: _____ Home Phone #: _____
_____ Bus. Phone #: _____