



SpiritHorse Therapeutic Riding Center
 1962 Suncrest Drive
 Prattville, Al 36067
 Email: spirithorsetrc@yahoo.com

JUNIOR VOLUNTEER APPLICATION

I. PERSONAL INFORMATION

Participant Name: _____
First *M.I.* *Last*
 Home Phone#: (____) _____ Cell#: (____) _____

Volunteer Authorization for Emergency Medical Treatment Form

Specific information is requested in the event the participant is unable to present this information on their own behalf.

Allergies to medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: (____) _____

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 SpiritHorse Therapeutic Center to:

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

JUNIOR Volunteer Release of Liability

I, _____ (**Participant's Name**) would like to participate in the SpiritHorse Therapeutic Center program. I acknowledge the risks and potential risks of horseback riding. I however, feel the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, my assigns, executors or administrators, waive and release forever all claims for damages against Gayle Thorn, SpiritHorse Therapeutic Center, its Board of Directors, Guarantors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I or my son/my daughter/my ward may sustain while participating in SpiritHorse programs.

WARNING

UNDER ALABAMA, AN EQUINE ACTIVITY SPONSOR, OR 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.

Participant's Signature: _____ Date: _____

If under 18 years of age, parent/guardian signature required below.

Signature: _____ Date: _____