



Walk By Faith Therapeutic Riding Inc.

34211 290th St SW
Fisher, MN 56723
218-280-3284



Volunteer Information Form

Name: _____ DOB: _____

Mailing Address: _____ City _____ Zip _____

Email _____ please add walkbyfaiththerapeuticriding@gmail.com to your list

Phone: (Home) _____ (Cell) _____

Employer: _____ Work phone: _____

Health History:

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Include fitness, cardiac, respiratory, bone or joint function, recent hospitalizations, surgeries, or lifestyle changes.

Physician's Name: _____ Current Medications: _____

Allergies (include medications): _____

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 Walk By FaithTherapeutic Riding Inc. 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.

Please Choose One

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(s) below is unable to be reached

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. In the event emergency treatment/aid is required, I wish the following procedures to take place:

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

The information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____

CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) about participants at this PATH Intl. center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor. * DO NOT take pictures of participants with cell phones while at Walk By Faith Therapeutic Riding Inc. nor post anything regarding participants on Facebook or other social Media. *

Signature: _____ Date: _____



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**Walk By Faith Therapeutic Riding Inc.
Volunteer Release and Agreement**

1. I, _____ (herein called releaser), in consideration of being permitted to use the facilities and services of Walk By Faith Therapeutic Riding Inc. for himself/herself, spouse, my minor child, legal representatives, heirs and assigns, HEREBY RELEASES, WAIVES AND DISCHARGES WALK BY FAITH THERAPEUTIC RIDING INC. (HEREIN CALLED RELEASEE) THE OWNERS AND LESSEES OF WALK BY FAITH THERAPEUTIC RIDING INC. INCLUDING TRAVIS SCHWARZ AND KRISTEN SCHWARZ AND FAMILY, THEIR AGENTS, EMPLOYEES AND VOLUNTEERS, FROM ALL LIABILITY TO THE RELEASOR, THEIR SPOUSE, LEGAL REPRESENTATIVES, HEIRS AND ASSIGNS FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DAMAGES RESULTING THERE FROM ON ACCOUNT OF INJURY TO RELEASOR'S PERSON, EVEN INJURY RESULTING IN DEATH OF THE RELEASOR, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASOR OR OTHERWISE WHILE THE RELEASOR IS RIDING, WORKING, OR FOR ANY PURPOSE USING THE FACILITIES, EQUIPMENT OR SERVICES OF WALK BY FAITH THERAPEUTIC RIDING INC.
2. I agree to indemnify Walk By Faith Therapeutic Riding Inc., Travis Schwarz, Kristen Schwarz, and each of them from any loss, damage or cost they may incur due to the participation or use of the facilities, equipment and services of Releasee due to the presence of myself or my minor child in or upon the property owned, located at or controlled by Walk By Faith Therapeutic Riding Inc. whether caused by the negligence of the Releasees or otherwise.
3. I fully understand any involvement with horses involves some risk of harm or injury to myself, my minor child, my horses or my other property and that risk of damage or injury is a normal incident of involvement with horse-related activities and I hereby agree that risk is borne by me and/or my minor child and not by Walk By Faith Therapeutic Riding Inc., Travis Schwarz or Kristen Schwarz, or their officers, members, agents, employees or volunteers.

THIS RELEASE CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES HERETO AND THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGNED THIS RELEASE AS MY OWN FREE ACT.

Releaser Signature _____ Date _____

Minor aged volunteer (under 18) _____

Photo Release

I ___DO ___DO NOT consent to and authorize the use and reproduction by Walk By Faith Therapeutic Inc. 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 center.

Signature: _____ Date _____