



Blazing Prairie Stars, Inc. Volunteer Paperwork

Volunteer Release and Waiver of Liability Assumption of Risk, and Indemnity Agreement

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOU UNDERSTAND IT AND AGREE TO IT'S TERMS. BY SIGNING THIS AGREEMENT, YOU (AND YOUR CHILD) ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGES, FOR ANY REASON, INCLUDING BUT NOT LIMITED TO, THE NEGLIGENCE OF THE STABLE, IT'S OWNER, EMPLOYEES AND AGENTS ("THE RELEASES").

I, _____ on behalf of myself (and my minor child _____).

Reside at _____, in _____.
[Street Address] [City] [State] [Zip]

In consideration for allowing me (and/or my minor child) to handle a horse as a volunteer to the program and on behalf of myself, my child or our personal representatives, heirs, next-of-kin, spouses and assigns, I HEREBY:

1. Acknowledge that a horse or mule may, without warning or any apparent cause, buck, stumble, trip, roll, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, saddles or bridles may loosen or break – all of which may cause the rider to fall or be jolted, resulting in serious injury or death.
2. ACKNOWLEDGE THAT HANDLING HORSES IS AN INHERENTLY DANGEROUS ACTIVITY AND INVOLVES RISKS THAT MAY CAUSE SERIOUS INJURY AND IN SOME CASES DEATH, because of the unpredictable nature and irrational behavior of horses, regardless of their training and past performance.
3. Voluntarily assume the risk and danger of injury or death inherent in the handling of the horse, and use of saddles, bridles, equipment, and gears provided to me by the Releases and furthermore voluntarily assume the full responsibility for conferring with my physician regarding participation in equine activities.
4. Release, discharge and promise not to sue the Releases for any loss, damage, injury (including death) or cost to my or my child's person or property arising out of handling a horse, or use of saddles, bridles, equipment or gear provided by the Releases and
5. Release the Releases from any claim that such Releases were negligent in connection with my or my child's handling a horse, including but not limited to training or selecting horses, maintenance, care, fit or adjusting of saddles or bridles, therapeutic activities and instruction on riding skills or leading and supervising riders, which resulted in loss, damage, injury or both.
6. Indemnify, and save and hold harmless the Releases from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either my or my child's handling the horse and/or use of any saddles, bridles, equipment or gear provided therewith resulting from or contributed to by my own negligence.
7. Expressly agree that the foregoing release and assumption of risk, and indemnity agreement is governed by the laws of the State of Illinois and is intended to be as broad and inclusive as is permitted by Illinois law, and that in the event any portion of this Agreement is determined to be invalid or unenforceable for any reason, the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.
8. Acknowledge that this document is a contract and agree that if a lawsuit is filed against the Releases for any injury or damage in breach of this contract, I will pay all attorneys' fees and costs incurred by the Releases in defending such an action.
9. IT IS REQUIRED THAT I, MY CHILD AND ALL RIDERS OR PARTICIPANTS WEAR A PROTECTIVE HELMET. IT IS MY UNDERSTANDING THAT A PROTECTIVE HELMET IS AVAILABLE AND HAS BEEN OFFERED FOR MY OWN AND/OR MY CHILD'S SAFETY.
10. If the person who is to enter into this agreement is under eighteen (18) years of age, his/her parent or guardian must read this Agreement and sign below on the behalf of the minor. If the minor is between 10 years old and 18 years old, the minor must also sign.

I have read this document. I understand it is a promise not to sue and to release Blazing Prairie Stars, Inc. and its associates or affiliates, the stable and it's owners, employees and agents, for all claims. I have made a free and deliberate choice to sign this Release and Waiver as a condition to Releases allowing me or my child to ride or handle a horse. I have concluded that the risks involved and the release and waiver of liability is worth the pleasure of handling horses through my volunteer experience.

Volunteer's Signature

Date

Volunteer's Health History and Medical Information

Volunteer's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Social Security Number: _____ Alternate Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Provider _____ Policy # _____

Please describe your current health status including fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or other relevant information that may impact your involvement as a volunteer.

Allergies: _____

Current medications: _____

Authorization for Emergency Medical Treatment

In the event of an emergency, please tell us whom we should contact.

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury, and the above cannot be reached, I authorize BPS, Inc. to:

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

Consent Plan

This authorization includes x-rays, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person above is unable to be reached.

Date: _____ Consent signature: _____

Volunteer or Legal Guardian

Signed in the presence of BPS staff

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury while volunteering with BPS. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Non-consent Signature: _____

Volunteer or Legal Guardian

Signed in the presence of BPS staff

Tetanus Shot

A tetanus shot is highly recommended for all volunteers working with the horses and/or on the farm.

If you have a current tetanus shot please indicate the year the shot was received here: _____

If you decline your personal responsibility to obtain a tetanus shot, please initial here: _____

If you don't have a current shot but plan to, please notify the Program Director when the shot has been received.

Volunteer Confidentiality Agreement

As a volunteer for Blazing Prairie Stars, Inc. I agree to maintain confidentiality of its program clients. I agree that names, addresses, phone numbers, disabilities, therapy goals/progress, photographs and/or anything else regarding clients are deemed confidential. I will not disclose this information to any other person or agency for personal gain. As a volunteer, I agree not to release any verbal or printed information about program, clients to any other professional, layperson or agency. If at anytime, client information is requested, please refer that individual to the client's therapist. In short, I will not discuss any client outside the program.

Volunteer Signature Date

BPS Staff Signature Date

Photo Release

I consent to and authorize the use and reproduction by BPS, 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 program.

Volunteer Signature Date

Volunteer Agreement

I understand that my final placement as a volunteer to the Blazing Prairie Stars program is contingent on my background check and my review at the end of the trial period. I understand the invaluable role I play as a volunteer to this program and therefore pledge to uphold my commitments to this program and the clients it serves. Furthermore, I agree to uphold all program standards and policies.

Volunteer Signature Date