



Stepping Stones Therapeutic Riding, Inc. Annual Volunteer Registration

() Returning volunteer () New volunteer

Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

I would prefer receiving a: (Please circle one) e-mail confirmation phone confirmation
** New volunteers will receive confirmations AFTER they have attended orientation **

Previous experience with horses or individuals with special needs: _____

Areas of interest: (Check all that apply; some positions require additional training)

____ Side-walker ____ Horse Leader ____ Grooming/Tacking
____ Tack Coordinator ____ Barn/Horse Care ____ Administrative

Times Available to Volunteer: Spring (April-May) Summer (June-July) - Fall (Sept.-Oct.)
(Please rank the times you are available and indicate how many times per week you are available)

Monday: ____ 5:30pm – 6:30pm ____ 6:30pm- 7:30pm ____ 7:30pm - 8:30pm

Wednesday: ____ 5:30pm – 6:30pm ____ 6:30pm - 7:30pm ____ 7:30pm - 8:30pm

Thursday: ____ 5:30pm – 6:30pm ____ 6:30pm - 7:30pm ____ 7:30pm - 8:30pm

I have attended Volunteer Orientation in the past 2 years Yes ____ No ____

Orientation is required for all new volunteers (to be arranged). New volunteers will receive their confirmations after they have attended orientation. Returning volunteers should attend orientation if they have not volunteered within the last year. Any questions please contact:

Volunteer Coordinator Debbie at volunteer@steppingstonesmonroe.org

Please return these forms to:
Volunteer Coordinator – Stepping Stones Therapeutic Riding, Inc.
620 West Hurd Road
Monroe, MI 48162

Stepping Stones Therapeutic Riding, Inc.

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VOLUNTEER REGISTRATION AND EMERGENCY TREATMENT

No individual can be accepted as a Volunteer in a Michigan 4-H Proud Equestrian Program until this form has been completed by his/her parent(s) or guardian or by the individual if he/she is a legally competent adult age 18 or over. Riding instruction will be under strict supervision, and although every effort will be made to avoid any accident, no liability can be accepted by any of the individuals or organizations concerned or by the Michigan 4-H Proud Equestrian Program, its personnel, or affiliates.

Completion of this form constitutes parent/guardian permission for the named individual to participate as a volunteer in Stepping Stones Therapeutic Riding, Inc.

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home phone (____) _____ Work phone (____) _____

Previous experience with horses: _____

Parent/guardian name (if under 18 years) _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Physician's name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Is there a medical condition requiring special precaution or treatment? Yes No If yes, please describe: _____

Are medications used? Yes No If yes, please list dosage and description: _____

Emergency contact in the absence of a parent or guardian:

Name _____ Phone (____) _____ Relationship _____

Date information provided: _____

AUTHORIZATION FOR PURPOSE OF PROVIDING MEDICAL TREATMENT

You are being asked to complete this form to give an appropriate medical facility permission to treat _____ (Volunteer's Name) for minor injury or medical problems. In the event of serious injury or illness, the parent/guardian or person listed above, will be contacted: treatment will proceed before contacting them only if the situation is urgent and does not permit delay. Preferred medical facility _____

In case of medical emergency, the undersigned authorizes the Michigan 4-H Proud Equestrian Program instructor and/or program coordinator to seek any medical and/or surgical treatment necessary for the care of above named individual who is participating as a volunteer in the Michigan 4-H Proud Equestrian Program with parent/guardian permission (if under 18 years).

I understand that no liability can be accepted by any individual or organization concerned with this program in the event of any accident which may occur.

Health Insurance: _____

Name of policyholder _____

Name of Insurance Company _____

Policy number _____

If you have HMO or PHP Insurance, please list the emergency phone number for treatment authorization _____

Name of policyholder's employer _____

The above designated person(s) is (are) hereby authorized to incur medical costs necessary to provide medical treatment for said participant for which we shall be fully responsible. We also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature _____ Date: _____

Parent Guardian Adult Volunteer (circle appropriate one)

Witness _____ Date: _____

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PARENT/GUARDIAN/ADULT VOLUNTEER INFORMED CONSENT AND RELEASE OF LIABILITY AGREEMENT

NO INDIVIDUAL CAN BE ACCEPTED AS A VOLUNTEER IN A MICHIGAN 4-H PROUD EQUESTRIAN PROGRAM UNTIL THIS FORM HAS BEEN COMPLETED BY HIS/HER PARENTS/GUARDIAN OR BY THE INDIVIDUAL IF HE/SHE IS A LEGALLY COMPETENT ADULT 18 YEARS OF AGE OR OLDER.

I/We assume the risks and accept the consequences involved in the participation of _____
_____ (Volunteer's Name) in the Stepping Stones Therapeutic Riding, Inc., program, a certified Michigan 4-H Proud Equestrian Program located in Monroe County.

I/We are hereby informed of the possible dangers to me/my child/my ward that may result from participation in the program, including soft tissue (including skin and muscle) injury, ligament and tendon injury, bone/joint injury, and exacerbation of chronic conditions.

I/We recognize that the above listing may not be complete and that a fuller explanation of the possible consequences is available upon request. However, I/we do not wish further explanation.

I/We accept responsibility for complying fully with all safety regulations and practices and I/we will consult with the instructor and/or local director of the 4-H Proud Equestrian Program for advice in circumstances where safe practices are in doubt.

I/We hereby release Michigan 4-H Proud Equestrian Program, Stepping Stones Therapeutic Riding, Inc., its instructors, staff, volunteers and any other individuals and/or organization involved from any liability for injury that may result from participation in the program.

I/We have read and fully understand this document.

Signature: _____ Date: _____
Parent Guardian Adult Volunteer (circle appropriate one)

Witness: _____ Date: _____

PARENT/GUARDIAN ADULT VOLUNTEER VIDEO, FILM AND PHOTO RELEASE

Participation in a Michigan 4-H Proud Equestrian Program is not contingent on the completion of this release

For valuable consideration given which is hereby acknowledged, the undersigned hereby grants to Stepping Stones Therapeutic Riding, Inc., permission to take or have taken still and moving videos, films and photographs, including television pictures, and to record or have recorded the voice, of our/my child/ward, or myself as a legally competent adult volunteer over age 18.

I/We consent and authorize the Michigan 4-H Proud Equestrian Program, its advertising agencies, news media, and any other persons interested in the Michigan 4-H Proud Equestrian Program and its work to use and reproduce the audio, video, film and photographic images and to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books, and clinical material. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed with or without charge, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

With respect to the foregoing matters, no inducement or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of the Michigan 4-H Proud Equestrian Program to use or cause to be used such audios, videos, films, and/or photographic images for the primary purpose of promoting and aiding the Michigan 4-H Proud Equestrian Program and its work.

Consent Signature: _____ Date: _____
Parent Guardian Adult Volunteer (circle appropriate one)

Non-Consent Signature: _____ Date: _____
Parent Guardian Adult Volunteer (circle appropriate one)

Volunteer's Name: _____

Address: _____

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CONFIDENTIALITY STATEMENT

Stepping Stones shall preserve the right of confidentiality for all individuals in its program. It is expected that staff, including volunteers and board members, shall keep confidential all medical, social, referral, personal and financial information regarding program participants and his or her family.

Disclosure of such information may only occur with the appropriate consent from the participant or in the case of a minor or incompetent participant their parent or legal representative.

I, the undersigned, understand that confidentiality must be strictly maintained and that any breach of confidentiality concerning Stepping Stones' participants or their families will be subject to internal penalties such as reprimand or loss of job responsibilities.

Volunteer's Signature: _____ Date: _____

Witnessed: _____ Date: _____

Stepping Stones Therapeutic Riding, Inc.

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ANNUAL LIABILITY RELEASE FOR YEAR 2015

MICHIGAN EQUINE ACTIVITY LIABILITY ACT WARNING

UNDER THE MICHIGAN EQUINE ACTIVITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM A INHERENT RISK OF EQUINE ACTIVITY.

MINDFUL OF THE MICHIGAN EQUINE ACTIVITY LIABILITY WARNING ABOVE AND THE EXPLANATION OF INHERENT RISKS ASSOCIATED WITH EQUINE ACTIVITIES BELOW, I NEVERTHELESS BELIEVE THAT THE BENEFITS OF BEING A VOLUNTEER FOR STEPPING STONES THERAPEUTIC RIDING, INC. (SSTR), TO MY SELF, MY CHILD OR WARD IS OF VALUE. SIGNATURE: _____

I _____ (volunteer's name) would like to volunteer (at no charge) to assist one or more therapeutic horseback riding clients or classes conducted by SSTR, a Michigan non-profit corporation. In connection with such assistance, I understand that I will be working around horses and there may be times when I ride a horse. I acknowledge that horseback riding, is by nature, an activity with an inherent risk of injury. Horses can behave unpredictably, without warning, and can cause injury, harm or death to persons and property around them. If I am around a horse which is in either a startled or frightened condition, the horse could behave unpredictably and I could become injured.

Accordingly, in consideration of being on the SSTR, facility premises, being near horses at the SSTR facility premises, being allowed to volunteer or SSTR, and intending to be legally bound, I agree:

- A. On behalf of myself, my heirs, representatives and assigns and, as applicable, my ward or my minor child, I hereby release and discharge SSTR; including its officers, directors, employees, agents, instructors, contractors all lawsuits, actions, damages, claims and liability whatsoever, including death, and property damage or loss, which arise from or are in any way related to engaging in volunteer activity at the SSTR facilities, including, but not limited to assisting therapeutic riding clients.
- B. I further agree that the release and discharge of liability applies regardless of the legal cause of action on which my claim is based, including contract, strict liability, negligence, tort, or an alleged violation of the Michigan Equine Liability Act (PA 1994 No. 351). I intend that my release and discharge includes all claims for damages resulting from the negligent act or omission of SSTR, including its officers, directors, employees, agents, instructors, contractors, riders and other volunteers, excepting only the sole gross negligence or sole willful and wanton misconduct of these parties.
- C. I agree that this release of liability shall be governed by Michigan law and I acknowledge that the release exceeds the provisions of the Michigan Equine Liability Act because I am releasing SSTR, and its related parties for all damages, liability, and causes of action, except only those for sole gross negligence or sole willful and wanton misconduct.

This release shall be valid for all of 2015, ONLY.

Stepping Stones Therapeutic Riding, Inc.

620 West Hurd Road • Monroe, Michigan 48162-8937 • 734-241-0195

Web Site: www.steppingstonesmonroe.org

Participant & Caregiver Guidelines

Welcome to Stepping Stones Therapeutic Riding, Inc. and Hidden Oak Stables. Please take a moment and familiarize yourself with these safety rules and regulations. These guidelines are intended to insure that everyone has a safe, fun experience. Please feel free to ask a staff member if you have any questions.

- Please drive in and out slowly – 10 M.P.H. – as you may encounter children, horses, peacocks, dogs, cats, or oncoming traffic in the driveway or parking lot.
- Do not bring your pets, even if you intend to leave them in your vehicle.
- Relatives and friends are welcome to come and watch, but all children must be supervised at all times.
- The fences around the horse pens are electric.
- Do not go past the garage or up near the owner's house unless invited by the owner.
- Do not allow children to play on the mounting ramp, on any farm machinery, or near the horse trailers.
- Do not go down the barn aisle past the bathrooms unless it is part of a lesson activity or escorted by a staff person.
- Do not reach into any stall or pet the horses while in their stalls.
- Do not feed treats to horses unless assisted by staff. Horses are not to be hand fed as this encourages biting!
- Dress the rider appropriately. Long pants are required, even in hot weather. Closed toe shoes are necessary – no sandals. Remember the rider must wear a helmet – make sure the rider's hairstyle will not interfere with the fit of the helmet or cause discomfort under the helmet. If you intend to provide your own helmet check with the instructor to verify the requirements prior to purchase – bicycle helmets do not meet our safety standards and are not allowed.
- During warm weather, there may be biting or stinging insects around the barn. You may wish to bring insect repellent and avoid perfume. If the rider has a known allergic reaction to any insects please bring any necessary antidote and inform instructor.
- If the rider is unable to attend a lesson, **please call**; leave a message if no one answers. The number is 734-241-0195. (This number has voice mail, you may call at any time)
- If you are running late on a lesson night, please call; leave a message if no one answers. The number is 734-241-0195. The horse will be put away after 15 minutes if we have not heard from you.
- As loud and sudden noises may spook a horse and could lead to an accident in the class we ask that cell phones be turned off in the arena area, car horns not be honked anywhere on the property, clapping, yelling, running, whistling, spitting, etc. be avoided in the arena area.
- Parents, caregivers, and guests may take pictures with the instructor's approval. Please ask prior to the start of the class.
- Your cooperation in these matters is greatly appreciated and will help everyone have the best time possible, THANK YOU!