



## Information and Medical History

### General Information

Client (diagnosis: \_\_\_\_\_)    
  Volunteer    
  Staff Member    
  Other: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZipCode \_\_\_\_\_

Employer/School: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Legal Guardian Name, Address, and Phone(s) (if Client/Volunteer/Staff Member under 18 years old):  
 \_\_\_\_\_  
 \_\_\_\_\_

How did you learn about the program? \_\_\_\_\_

Please indicate the areas you are interested in:

- |  |  |  |   |
|--|--|--|---|
| <b>Volunteer Activities:</b><br><input type="checkbox"/> Leading a horse<br><input type="checkbox"/> Sidewalking with a student<br><input type="checkbox"/> Stable management<br><input type="checkbox"/> Facility repairs | <b>Competition:</b><br><input type="checkbox"/> Horse show(s)<br><input type="checkbox"/> Away horse show(s) | <b>Administration:</b><br><input type="checkbox"/> Public relations<br><input type="checkbox"/> Fundraising<br><input type="checkbox"/> Newsletter<br><input type="checkbox"/> Volunteer recruitment | <input type="checkbox"/> Photography/video<br><input type="checkbox"/> Budget and finance<br><input type="checkbox"/> Future planning |
|--|--|--|---|

### Medical Information

Date of Last Tetanus Shot: \_\_\_\_\_ Tuberculosis Test: (Circle result) + -- (Date) \_\_\_\_\_  
 (Consult your physician or local health department if you are not up to date with these tests.)

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address recent hospitalizations/surgeries, lifestyle changes, and fitness including cardiac, respiratory, and bone or joint function. \_\_\_\_\_  
 \_\_\_\_\_

Allergies (including allergies to medications): \_\_\_\_\_  
 \_\_\_\_\_

Medications: \_\_\_\_\_  
 \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Medical Facility: \_\_\_\_\_  
 Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

\_\_\_\_\_  
 Client/Volunteer/Staff Member/Board of Directors  
 (printed name & signature)  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian  
 if Client/Volunteer/Staff Member under 18  
 (printed name & signature)  
 \_\_\_\_\_  
 Date

## Medical Information, continued

### Authorization for Emergency Medical Treatment

In the event of an emergency, please contact:

(Name) \_\_\_\_\_ (Relation) \_\_\_\_\_ (Phone) \_\_\_\_\_  
(Name) \_\_\_\_\_ (Relation) \_\_\_\_\_ (Phone) \_\_\_\_\_  
(Name) \_\_\_\_\_ (Relation) \_\_\_\_\_ (Phone) \_\_\_\_\_

*Please choose the "Consent Plan" or "Non-Consent Plan" as described below.*

**Consent Plan**

In the event emergency medical aid/treatment is required due to illness or injury during the process of giving or receiving services or while being on the premises known as Untamed Spirit Therapeutic and Educational Program, I authorize Untamed Spirit Therapeutic and Educational Program Staff to:

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

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) above is (are) 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 sustained while participating in Untamed Spirit Therapeutic and Educational Program activities or while being on the premises known as Untamed Spirit Therapeutic and Educational Program. In the event emergency treatment/aid is required, I wish the following procedures to take place: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Client/Volunteer/Staff Member/Board of Directors  
(printed name & signature)

\_\_\_\_\_  
Parent/Guardian  
if Client/Volunteer/Staff Member under 18  
(printed name & signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## Releases/Authorizations/Waivers

### Background Information

Have you ever been charged with or convicted of a crime? Y N

If Yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize Untamed Spirit Therapeutic and Educational Program to receive information from any law enforcement agency, including police departments and sheriff's departments, of the state or any other state or federal government, 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 understand that such access is for the purpose of considering my application as a Volunteer/Staff Member in Untamed Spirit Therapeutic and Educational Program's program and that I expressly DO NOT authorize Untamed Spirit Therapeutic and Educational Program, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Current Driver's License: Y N License Number: \_\_\_\_\_ State: \_\_\_\_\_

### Photo Release

I (  DO  DO NOT) consent to and authorize the use and reproduction by Untamed Spirit Therapeutic and Educational Program of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

### Confidentiality Statement (applicable to Volunteers/Staff)

- As a volunteer/staff member for Untamed Spirit Therapeutic and Educational Program, I am a valuable member of the equine program.
- I have received and read the Volunteer Handbook and Program Policies including confidentiality policy and emergency procedures.
- I understand and agree that I must hold confidential any personal or medical information regarding Clients and/or families, and/or any Untamed Spirit Therapeutic and Educational Program business information and interests.
- I agree to abide by all program policies and rules.

\_\_\_\_\_  
Client/Volunteer/Staff Member/Board of Directors  
(printed name & signature)

\_\_\_\_\_  
Parent/Guardian  
if Client/Volunteer/Staff Member under 18  
(printed name & signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## Releases/Authorizations/Waivers, continued

### Release, Waiver, and Indemnity Agreement

The undersigned (hereinafter referred to as “Client”), being of legal age or signing in conjunction with a parent, legal guardian, or caretaker if not of legal age, desires to enter upon the premises known as Forward Motion Farm and home to Untamed Spirit Therapeutic and Educational Program and/or to use horses and/or facilities either owned or controlled by Untamed Spirit Therapeutic and Educational Program, and/or to receive training or instruction from the agents, volunteers or employees of Untamed Spirit Therapeutic and Educational Program, and being fully aware of the risk of injury and dangers inherent in entering upon said premises and/or the riding and handling of horses, hereby elects voluntarily to enter upon said premises and/or to participate in said activities, and does hereby willingly enter into this Release, Waiver, & Indemnity Agreement.

Therefore, in consideration of being permitted to enter upon the premises known as Forward Motion Farm and home to Untamed Spirit Therapeutic and Educational Program and/or receive instruction or assistance from the agents, volunteers or employees of Untamed Spirit Therapeutic and Educational Program, Client knowingly and expressly waives Client’s rights to sue Untamed Spirit Therapeutic and Educational Program and/or Les Chevaux, LLC, its officers, volunteers, directors, employees, agents, successors, heirs, and assigns, for any injury, death, loss, or damage caused to Client or to Client’s property, and Client agrees to assume all risks inherent in riding or otherwise coming in contact with horse, including without limitation, the risks of injury, death, loss, or damage to Client or to Client’s property. Client acknowledge that Client has been given notice of the risks inherent in and intrinsic dangers of equine activities, including (i) the propensity of an equine to behave in dangerous ways which may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine’s reaction to such things as sounds, sudden movement, unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a Client acting in a negligent manner that may contribute to injury to the Client or others such as failing to maintain control over the equine or not acting within the Client’s ability, and Client expressly agrees to assume all such risks and waives all rights to sue for injuries caused by such risks. This waiver and express assumption of risks shall specifically apply to Client and to any and all minor children and/or wards of Client, in accordance with the terms of Va. Code Ann. §3.1-796.132B, and shall be construed to comply with all exculpatory terms of the Virginia Equine Activity Liability Act, Va. Code Ann. §§3.1-796.130 *et seq.* (Chapter 27.5, Code of Va. (1950)).

If Client is a minor or otherwise under a legal disability, this agreement shall be signed by Client’s parent, legal guardian or caretaker. By signing, the parent, legal guardian or caretaker agrees (i) to waive the parent’s, legal guardian’s, caretaker’s and Client’s rights to sue the parties named in the immediately preceding paragraph; (ii) to assume, on behalf of the parent, guardian, and Client, the risks set forth in the immediately preceding paragraph, in addition to all other risks of riding or otherwise coming into contact with horses; and (iii) to indemnify and hold harmless Untamed Spirit Therapeutic and Educational Program and/or Les Chevaux, LLC, its officers, directors, volunteers, employees, agents, successors, heirs, and assigns from any loss, claim, suit, or judgment resulting from any injury, death, loss, or damage sustained or claimed by Client (or Client’s personal representative), and further to indemnify Untamed Spirit Therapeutic and Educational Program and/or Les Chevaux, LLC, its officers, directors, volunteers, employees, agents, successors, heirs, and assigns from any and all costs of defending such claims, including attorney’s fees.

It is expressly agreed by Client and any parent or guardian whose signature appears on this document that this Release, Waiver, and Indemnity Agreement shall be governed and construed as being sufficient to satisfy the assumption of risk and waiver requirements necessary to relieve equine activity sponsors and equine professionals from liability under the Virginia Equine Activity Liability Act, and that Untamed Spirit Therapeutic and Educational Program and/or Les Chevaux, LLC, its officers, directors, volunteers, employees, agents, successors, heirs, and assigns are covered by the provisions of that Act. This Release, Waiver, and Indemnity Agreement shall be governed and construed by the laws of the Commonwealth of Virginia, regardless of where any injury or loss shall occur. In the event that any portion of this Release, Waiver, and Indemnity Agreement shall be declared unenforceable, such declaration shall not affect the remaining terms of this document, which shall survive intact.

Client has been advised to wear protective headgear, and hard-soled, heeled footwear at all times while riding or otherwise coming in contact with horses, and expressly assumes the risk of injury resulting from failure to do so and/or from selecting headgear or footwear which does not adequately protect against injury.

**NOTE: READ BEFORE SIGNING. PARENT OR GUARDIAN MUST SIGN IN ADDITION TO CLIENT UNDER EIGHTEEN YEARS OF AGE. BOTH PARENTS WITH LEGAL CUSTODY OF A MINOR MUST SIGN.**

Client/Volunteer/Staff Member/Board of Directors (printed name & signature)	Parent/Guardian if Client/Volunteer/Staff Member under 18 (printed name & signature)	Parent/Guardian if Client/Volunteer/Staff Member under 18 (printed name & signature)
Date	Date	Date