



HR RANCH, Inc Volunteer Emergency Form and Permissions (2 sided)

Participant's Name _____ DOB _____
(Include Middle Initial)

Phone _____ Email _____

Address _____ City/State/Zip _____

Is this your mailing address? (circle one) Yes No

Parent/Guardian _____ Phone _____

In the event of an emergency, please contact:

Name _____ Phone _____ Relation _____

Physician's Name _____ Phone _____

Health Insurance Company _____ Policy Number _____

HEALTH HISTORY

Allergies _____

Medications _____

Other _____

PHOTO RELEASE | DO DO NOT - Consent to and authorize the use and reproduction by HR Ranch, Inc of any and all photographs and any other audio/visual material taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the HR Ranch, INC.

MEDICAL CONSENT | DO DO NOT - Give my permission for emergency medical treatment/aid in the event of illness or injury while being on the property of HR Ranch, Inc. Including but not limited to emergency transportation and release of participant records upon request to the authorized individual or agency involved in the medical emergency 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 unable to be reached.

CONFIDENTIALITY AGREEMENT | DO - Understand that all information (written and verbal) about participants, volunteers, and staff at Hope Retreat Ranch is confidential and will not be shared with anyone without the express written consent of the participant and their parent/caregiver. Information considered to be confidential includes all medical, familial, social, referral, personal & financial concerns regarding a participant and/or his/her family. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family, staff, volunteers or others in association with HR Ranch, or inadvertently from other sources, such as but not limited to a chart, computer screen or overheard conversation.

LIABILITY RELEASE AGREEMENT NOT TO SUE AND INDEMNITY AGREEMENT I, _____, desire to volunteer, engage in therapeutic horse riding or equine activities under the auspices of a tenant on the property of HR Ranch, Inc and/or use the horses and facilities of Hope Retreat Ranch aka HR Ranch, Inc horses and acknowledge that horseback riding and activities incidental thereto are inherently dangerous activities, and further acknowledge that serious injury can result from engaging in equine activities incidental thereto. In connection with the use and enjoyment of the horses and facilities of Hope Retreat Ranch aka HR Ranch, Inc horses and/or the furnishing of equine activities to me and/or therapeutic use of horses for my benefit or as a volunteer, I agree on behalf of myself, and my heirs and legal representatives forever to release any member of Hope Retreat Ranch aka HR Ranch, Inc and all of their past, present and future employees, tenants on their horse ranch property and their respective heirs and legal representatives from, and agree not to sue in connection with any and all damages, claims, demands, rights, and causes of action based upon personal injuries or property damage to me or my death, arising out of equine activities, lessons, volunteering, or the use of the horses and facilities of Hope Retreat Ranch aka HR Ranch, Inc including stables, grounds, or any activities incidental thereto. I further agree to indemnify Hope Retreat Ranch aka HR Ranch, Inc and to save them harmless from all damages, actions, causes of actions, claims, judgments, executions, debts, cost of litigation and attorney's fees, which may in any way rise out of or result from the furnishing of equine activities to me, volunteering, therapeutic use of horses for my benefit and/or the use of the horses or facilities of Hope Retreat Ranch aka HR Ranch, Inc including stables and grounds, by me and/or any activities incidental thereto at any time from the date of this Release until this Release is expressly revoked by me. I have read and understand the above Release of Liability, Agreement Not To Sue And Indemnity Agreement, and that by executing this Agreement I acknowledge that I am giving up valuable rights.

BACKGROUND CHECK | DO - hereby authorize and consent to Hope Retreat Ranch procurement of such a report.

I understand that, as a condition of my consideration for volunteering with Hope Retreat Ranch, HR Ranch Inc may obtain a consumer report that includes, but is not limited to, my, employment and education verifications, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my character, general reputation, personal characteristics and trustworthiness.

Signature: _____ Date _____

Signature: _____ Date _____

(Participant, Parent or Guardian)