



UPWARD TRANSITIONS THERAPEUTIC HORSEMANSHIP
at Reding Ranch, 19804 High Bluff Road, Helotes, TX 78023 210-867-1188

Gray areas are
Office use only

VOLUNTEER REGISTRATION

THIS REGISTRATION FORM IS FOR (check one):

Volunteer **Visitor**

APPLICATION DATE _____

	MM	YY
SW/HL		
G&T		
OTJ		

Name: _____ Birth Date: _____ <small align="center">Last name, First name,</small>		<div style="border: 1px solid black; padding: 5px; text-align: center;">T-shirt size</div>
Address: _____ City/ST/Zip: _____ Cell: () _____ Work: () _____ Home: () _____ E-mail address: _____ If minor (under 18) or a dependent adult please provide the following information: Parent/Guardian/Caregiver name: _____ Home or Cell: () _____ Address/City/State/Zip: _____ <small align="center">(If different from above)</small>		

Photo Release - I authorize UTTH to use any and all photographs or any other audio/visual materials taken of me (or my child/ward) for promotional, educational activities, exhibitions or for any other use for the benefit of the program.

Consent signature _____ **I do not consent** _____.

Adult or Parent/Guardian/ Caregiver, signed in the presence of center staff

Medical Emergency - In the event emergency medical aid or treatment is required due to illness or injury during the process of receiving services or while being on the property of UTTH I authorize UTTH to secure and retain medical treatment and transportation if needed. Release client 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 lifesaving by the physician. This provision will only be invoked if the person(s) named below is unable to be reached. *If you do not consent, please provide written information on your desired procedures in case emergency medical aid/treatment is needed.*

Consent signature _____ **I do not consent** _____.

Adult or Parent/Guardian/ Caregiver, signed in the presence of center staff

In the event of an emergency please contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____



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Name: _____

Emergency information: Nearest medical facility is assumed if no information is entered.

Physician's Name: _____ City: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy # _____

Allergies to medications: _____

Yearly review	Date	Signature
1 st year review		
2 nd year review		
3 rd year review		

Current medications: _____

This space is for the yearly update of information by the person named ABOVE

Sidewalkers and horse leaders please check the following:

_____ I can walk for 60 minutes and occasionally jog 50 yards.

_____ I can hold my arm at shoulder height and support a modest weight (switching arms as needed).

_____ I have the following physical limitations: _____

_____ I have a medical condition that you should be aware of: _____

_____ I have owned a horse.

What day will you be available for volunteering? Please indicate AM or PM.

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____

Check areas of interest:

- | | | |
|--|---|--|
| <input type="checkbox"/> Side Walking with a Student | <input type="checkbox"/> Horse leading | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Photography/Video | <input type="checkbox"/> Horse grooming/tacking | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Clean Tack | <input type="checkbox"/> Budget & Finance | <input type="checkbox"/> Stable housekeeping |
| <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Future Planning | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Volunteer Recruitment | <input type="checkbox"/> Facility Repairs | |
| <input type="checkbox"/> Program Special Events Administration | | |



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Background Information

Name: _____ Date of Birth: _____

Cell (____) _____ (W) (____) _____ (H) (____) _____

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

I, _____ (volunteer/staff), authorize Upwards Transitions Therapeutic Horsemanship to receive information from any law enforcement agency, including police departments and sheriff's departments, of this 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 or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize Upwards Transitions Therapeutic Horsemanship its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

(volunteer/staff)

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER _____ STATE _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at Upwards Transitions Therapeutic Horsemanship 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.

Signature: _____ Date: _____

(volunteer/staff)



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Name: _____ Minor _____ Adult _____

I, _____ (and my minor child or ward) _____ (“I/We”), would like to participate in activities of Upward Transitions Therapeutic Horsemanship (“UTTH”). In consideration of allowing me /my child/my ward to come on the premises, to be near horses, to handle and to ride a horse, and on behalf of myself, my child, or our personal representatives, heirs, next-of-kin, spouses and assigns, I agree to the following.

1. I fully understand and acknowledge that horsemanship activities, or being in close proximity to a horse is an inherently dangerous activity and involves risks that may cause serious injury, including permanent disability, paralysis, or death because of the unpredictable nature of horses, regardless of their training or past performance; or because of my own, my child or ward’s actions or inactions, those of others participating in the event, or the conditions in which the event takes place; and that there may be other risks either not known to me or not readily foreseeable at this time.
2. I voluntarily assume the risk and danger of injury or death inherent in the horsemanship activities or being in close proximity to a horse or on the premises of the stable or the failure to wear a protective helmet when riding a horse, and use of saddles, bridles, equipment, and/or other gear.
3. I **WAIVE AND FOREVER RELEASE, ACQUIT, DISCHARGE AND PROMISE NOT TO SUE** UTTH, its board of directors, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of property on which UTTH operates, successors or assigns (each considered one of the “Releases” herein) from all liability, claims for any loss, damages, demands, personal damages known or unknown, injury (including death), or cost to me / my child/my ward arising out of the horsemanship activities at UTTH.
4. I **RELEASE** UTTH from any claim that UTTH was negligent in connection with my or my child’s riding a horse including but not limited to training or selecting horses, maintenance, care, fit or adjustment of saddles or bridles, instruction on riding skills or leading and supervising riders or the use of any equipment provided by UTTH or being on the premises of the Stable, which resulted in loss, damage, injury or death.
5. I agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releases, I will **INDEMNIFY, DEFEND, AND HOLD HARMLESS** each of the Releases from any loss, liability, damage, or cost which any may incur as the result of such claim.
6. I agree to abide by and follow any instructions given or rules established by UTTH or any of its employees or volunteers with regard to my or my child’s participation in the horsemanship activities at UTTH.
7. I understand that UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE & REMEDIES CODE) A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.
8. I expressly agree that the foregoing assumption of risk, release and waiver of liability and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read this document. I understand it is a promise not to sue and to release and indemnify UTTH, the Stable, its owners, employees and agents for all claims. I have made a free and deliberate choice to sign the Release and Waiver as a condition to UTTH allowing me or my child to ride or handle a horse or to be in the close proximity of a horse. I have concluded that the risks involved and the Release and Waiver of Liability is worth the expected benefits of therapeutic horse related activities and I acknowledge that the same is valuable consideration for this Release and Waiver of Liability.

Printed name of participant

Signature of Participant (if age 18 or over)

Date:

Signature of Parent/Legal Guardian(if participant under age 18)