

Blue Heaven Therapeutic Riding Academy, Inc

PO Box 312 * Eagle Creek OR. 97022 *

Phone (503) 630-2250

Email: carrie@blueheavenacademy.org * www.blueheavenacademy.org

WHEN RIDING A HORSE WE BORROW FREEDOM

VOLUNTEER RELEASE FORM

Name: _____ Date: _____

Parent or Guardians Name: _____ DOB: _____

Address: _____ City: _____ State/Zip _____

Phone (H): _____ (W): _____ Cell/Pager: _____

Do you know any current riders?: _____ E- Mail _____

Liability Release:

I, the undersigned, understand that participation in any form of equestrian sport, including any equine therapeutic activities, carries with it a risk of serious injury and even death. I am fully aware of such risks and choose to ride at *Blue Heaven Academy*, and participate in its activities with full knowledge of that risk.

I, the undersigned, warrant and agree that I will make no claim or suit for any injury to person or property, or for any loss or destruction of any article of any kind or nature in connection with my participation in any *Blue Heaven Academy*, activity.

I understand that at any time a participant creates a dangerous situation for the horse, to the side walkers or to themselves that session will be immediately terminated and the rider will be dismounted at once.

I understand that neither the *Blue Heaven Therapeutic Riding Academy, Inc.*, nor their Directors and their staff, accepts any responsibility to accidents, damage, injury, death, or illness to the vaulters, riders, horses, owners, members, sponsors, agents, spectators or any other person or property owner in connection with this therapeutic equestrian program.

Name (Please Print): _____

Signature: _____ Date: _____

Signature of legal guardian (if participant is a minor) _____

**

Photo Release: Optional

I hereby consent to and authorize the use and reproduction by *Blue Heaven Therapeutic Riding Academy, Inc.* of any and all photographs and any other audio/visual materials taken of me/my son or daughter/my ward for promotional printed material, education activities of for any other use for the benefit of the above program. At no time will my Childs name or group affiliation be revealed.

Name (Please Print): _____

Signature: _____ Date: _____

Signature of legal guardian (if participant is a minor) _____

Blue Heaven Therapeutic Riding Academy, Inc

PO Box 312 * Eagle Creek OR. 97022 *

Phone (503) 630-2250

Email: carrie@blueheavenacademy.org * www.blueheavenacademy.org

WHEN RIDING A HORSE WE BORROW FREEDOM

VOLUNTEER
EMERGENCY MEDICAL
RELEASE FORM

Notice to all participants
This form must be completed!

NAME: _____

SOC. SEC. # _____ - _____ - _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

Person to contact in case of emergency:

NAME: _____

PHONE: _____

MED. INS. CO. _____

POLICY NO. _____

PERTINENT MEDICAL HISTORY: _____

ALLERGIES: _____

CONTACT LENSES: YES _____ NO _____

MEDICAL DOCTORS NAME: _____

DATE OF LAST TETNUS SHOT: _____

OTHER MEDICAL INFORMATION: _____

Notice to parents and guardians

In many situations, a minor child cannot receive emergency medical care without the authorization of a parent or guardian. This release, if required, will be available to medical personnel in the event that you are not personally accompanying your child.

Release for an adult participant

If emergency medical care is required for myself and if I am not able to convey permission in a timely manner, the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

I have read this entire release and agree to it.

Signature _____

Date: _____

Release for a minor

If emergency medical care is required for (Childs Name) _____

_____ and if any permission is not available in a timely manner, the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

I have read this entire release and agree to it in full.

Signature: _____

Date: _____

VOLUNTEER TRAINING

CHECK LIST

NAME : _____

DATE : _____

Training Complete and Understood

1. EMERGENCY DISMOUNT:

Volunteers Initials _____

Instructors Initials _____

All three volunteer positions when walking with a client.

Inside walker – Performs the Dismount

Outside walker – Gets foot out of stirrup & helps the leg over saddle

Horse leader – Takes horse away from client after dismount and alerts the instructor

Of any horse problems that may be happening.

2. LEADING A BLUE HEAVEN HORSE:

Volunteers Initials _____

Instructors Initials _____

Walking beside the horse at the ear. Never pulling or being dragged.

Holding the lead rope properly.

Stopping a horse properly.

Slowing a horse down that is walking too fast.

3. THE SCHEDULE BOARD:

Volunteers Initials _____

Instructors Initials _____

Know how the Board is set up

Know how to read it to get horses ready for the next class

Explain how reins are written on the board

Explain the different reins. Ladder, rainbow, brown, long leather

4. EACH SADDLE:

Volunteer Initials _____

Fit/Horse biting and acting up

What kind it is

How to put it on and how to adjust it

What we call it and how it is written on the board

Each part and what it is called

Sircingle

Bareback Pad and how to put it on.

Instructors Initials _____

5. PUTTING THINGS AWAY:

Volunteers Initials _____

Instructors Initials _____

Know where things go

How to properly put a saddle away. Western vs. English

6. WHEN NOT SIDE WALKING:

Volunteers Initials _____

Instructors Initials _____

Where to be

What to be doing (volunteer things to do list)

Where to put personal belongings

Keep everything as clean as possible