



Corral

Coweta Organization for Riding, Rehabilitation And Learning

VOLUNTEER APPLICATION

NAME _____ DATE _____ BIRTHDATE _____

HOME ADDRESS _____ HOME PHONE _____

WORK PHONE _____

EMAIL ADDRESS _____

Physical limitations, medical conditions, and/or allergies _____

The undersigned leader /side walker (and leader / side walker's parents) hereby agree to the following terms and conditions of leading or walking with horses of CORRAL.

1. Leader /side-walker will use the horse only as instructed by the riding instructor.
2. Leader /side-walker will take all steps possible to insure the horse's safety as well as leader /side-walker's own safety.
3. Leader /side-walker assumes all risks associated with horses and agrees not to hold CORRAL, their proprietors, staff, employees or any other agents of CORRAL liable for any injuries sustained by leader/side walker while engaged in horseback riding or other horse related activities in; at, near or associated with CORRAL.
4. Leader/side-walker hereby releases CORRAL, their proprietors, staff, employees or any other agents of CORRAL whomsoever of and from any and all liability resulting from horseback riding and horse related activities.

I the undersigned have read the above and understand its terms. I the undersigned parent of leader /side-walker (if minor), hereby release CORRAL from any liabilities aforementioned in the above statements for the above listed leader /side-walker.

Leader/Side-walker

CORRAL Representative

If participant is minor, Parent/ Guardian signature

Confidentiality Agreement

I understand that all information (written and verbal) about participants at CORRAL 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 _____

WARNING -Under Georgia law, an equine activity sponsor or equine professional is not liable for an injury to or the death resulting from the inherent risks of equine activities pursuant to Chapter 12 of Title 4 of the official code of Georgia Annotated.

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RELEASE- PLEASE READ CAREFULLY

I _____ am a volunteer in the CORRAL riding program. I understand that all activities will be under the supervision of the program's personnel and every effort will be made to avoid any accident; however, I further understand that all equine activities have certain inherent risks. These risks include but are not limited to :

- (1) The propensity of an equine (horse, pony, mule, donkey, or jenny) to behave in dangerous ways which may result in injury to the participant:
- (2) the ability to predict an equine's reaction to sound, movements, objects, persons, or animals;
- (3) hazards of surface or subsurface conditions.

Having been informed of the above risks, I agree to waive any right to sue CORRAL or any of its volunteers, agents, employees, officers, directors or any other person or entity in any way associated with CORRAL for injury to or death of _____ while engaged in, or as a result of, any equine activity. I further agree to assume any and all risks associated with such equine activity.

PERMISSION IS HEREBY GRANTED for the use and reproduction by CORRAL of any and all photographs and any other audio/visual materials taken of me/my child for promotional material, educational activities, exhibitions or for any other use for the benefit of CORRAL.

If participant is minor, signature of parent or
Guardian

Signature of participant

DATE

DATE

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CONSENT PLAN

Volunteer's Name _____ Phone _____

Address _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on property of the agency, I authorize CORRAL to:

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

In the event I cannot be reached,

Contact _____ Phone _____

Contact _____ Phone _____

Physician _____ Phone _____

Preferred Medical Facility _____

Health Insurance Co. _____ Policy # _____

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 listed below is unable to be reached.

Date _____ Consent Signature _____

Client, parent/guardian

Print Name _____

Address _____

NON-CONSENT PLAN

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

Date _____ Non-Consent Signature _____

Client, parent/guardian

Print Name _____

Address _____ Phone _____