



# LENAWEE THERAPEUTIC RIDING

## Michigan 4-H Proud Equestrians Program (PEP)

### Volunteer Registration and Emergency Treatment Form

Date: \_\_\_\_\_

Volunteer: ☐ New ☐ Return

This form is valid for a period of one year from the date signed. No individual can be accepted as a volunteer in a Michigan 4-H Proud Equestrians Program in any capacity until this form has been completed by parents/guardian or by the individual if they are a legally competent adult 18 years of age or over.

Volunteer Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
 Previous experience with horse: \_\_\_\_\_

Parents/Guardian (if under 18): Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Physician: Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_

Person to be notified in case of emergency in absence of parent/guardian:  
 Name \_\_\_\_\_ Phone #'s \_\_\_\_\_ Relationship to Volunteer \_\_\_\_\_

**AUTHORIZATION FOR PURPOSE OF PROVIDING MEDICAL TREATMENT:** You are being asked to complete this form to give an appropriate medical facility permission to treat \_\_\_\_\_ (volunteer's name) for minor injury or medical problems. In the event of serious injury or illness, the parent/guardian or person listed above will be contacted; treatment will proceed before contacting them only if the situation is urgent and does not permit delay.

- Preferred Medical Facility \_\_\_\_\_
- Is there a medical condition, allergy, etc., requiring special precaution or treatment? ☐ Yes ☐ No
  - \* If yes, please describe: \_\_\_\_\_
- Medication's currently being used? ☐ Yes ☐ No
  - \* If yes, please list name, purpose and dosage: \_\_\_\_\_

In case of medical emergency: The undersigned authorizes the Michigan 4-H Proud Equestrians Program instructor and/or program coordinator to seek any medical and/or surgical treatment necessary for the care of \_\_\_\_\_ who is participating as a volunteer in the Michigan 4-H Proud Equestrians Program with parent/guardian permission (if under 18 years).

**HEALTH INSURANCE:** ☐ I do not have medical insurance coverage.

Name of Policyholder and Relationship to participant: \_\_\_\_\_

Policyholder's address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attach a photocopy of both sides of your insurance card (preferred) OR complete the insurance information requested here.

Name and Address of Insurance Company \_\_\_\_\_

Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Policyholder's Employer \_\_\_\_\_

**REQUIRED SIGNATURES:** The above designated person(s) is (are) hereby authorized to incur medical costs necessary to provide medical treatment for said participant for which we shall be fully responsible. We also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

**Signature**

**Date**

**Witness**

**Parent** ☐ **Guardian** ☐ **Adult Volunteer** ☐



# LENAWEE THERAPEUTIC RIDING

## Michigan 4-H Proud Equestrians Program

### Parent/Guardian-Adult Volunteer Informed

### Consent and Release of Liability Agreement

No individual can be accepted as a volunteer in the Michigan 4-H Proud Equestrians Program in any capacity until this form has been completed by his/her parent(s)/guardian or by the individual if he/she is a legally competent adult age 18 or older.

*I/we assume the risks and accept the consequences involved in the participation of:*

Volunteer's name: \_\_\_\_\_ in the Michigan 4-H Proud Equestrians Program.

Program name: Lenawee Therapeutic Riding County: Lenawee

I/we acknowledge that horses may be dangerous because they may, without warning, buck, stumble, kick, or move in otherwise unpredictable ways.

I/we are hereby informed of the possible dangers to me/my child/my ward that may result from participation in the program, including soft tissue (including skin and muscle) injury, ligament and tendon injury, bone/joint injury, and exacerbation of chronic conditions.

I/we accept the responsibility for complying fully with all safety rules and practices and I/we will consult with the instructor and/or local director of the Michigan 4-H Proud Equestrians Program including their instructors, staff and volunteers, from any liability for injury that may result from participation in the program. This release does not encompass "gross negligence".

I/WE HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Parent(s)/Guardian/Adult volunteer (Circle appropriate title)

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### MICHIGAN 4-H PROUD EQUESTRIANS PROGRAM

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# LENAWEE THERAPEUTIC RIDING

## Michigan 4-H Proud Equestrians Program

### Parent/Guardian-Adult Volunteer Video, Film and Photography Release Form

This form is valid for a period of one year from the date signed.

No individual can be accepted as a volunteer in a Michigan 4-H Proud Equestrians Program in any capacity until this form has been completed by the rider's parent(s)/guardian or by an adult rider who is a legally competent adult 18 years of age or over.

Note: Participation in a Michigan 4-H Proud Equestrians Program as a volunteer is **not** contingent on an affirmative (yes) response on the "Parent/Guardian-Adult Volunteer Video, Film and Photography Release Form."

*I authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to the use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including, but not limited to, the internet, and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.*

☐ Yes ☐ No

**Volunteer's Full Name**

**Parent/guardian name (if volunteer is under 18 years old)**

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
Adult volunteer over the age of 18

**Signature:** \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/guardian

**Witness:** \_\_\_\_\_ Date: \_\_\_\_\_

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# LENAWEE THERAPEUTIC RIDING

## **NEW** *Volunteer Information Form*

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

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ (to better match you and your horse)

Do you have any physical limitation? \_\_\_\_\_ No \_\_\_\_\_ Yes

If so, please specify: \_\_\_\_\_

Can you walk for approximately 60 minutes, including jogging for a short distance?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Given the chance to change sides frequently, can you hold your arm above shoulder height and support a modest weight? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you comfortable working or walking around horses/ponies?

\_\_\_\_\_ Yes \_\_\_\_\_ not really, but I want to learn more

Check if you have had experience with:

\_\_\_\_\_ Horses \_\_\_\_\_ Persons with disabilities \_\_\_\_\_ Children

Please specify, especially horse experience:

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Please list any other skills or training which you believe may be of benefit to this program.

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If new to our program, how did you learn about Lenawee Therapeutic Riding?

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# LENAWEE THERAPEUTIC RIDING

## MSU Extension Criminal History Check Permission Form

**NEW** Volunteers Only

To protect your privacy, this form will be seen only by Michigan State University Extension staff and the volunteer coordinator.

\_\_\_\_\_  
Last Name First Name Middle Initial

Race: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Unknown/Other

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Date Year

Michigan Driver License Number: \_\_\_\_\_

\_\_\_\_\_  
Other Last Name Other First Name Other Middle Initial

\_\_\_\_\_  
Other Last Name Other First Name Other Middle Initial

\_\_\_\_\_  
Other Last Name Other First Name Other Middle Initial

Have you ever been convicted of a **felony** or a **misdemeanor**? \_\_\_\_\_ No \_\_\_\_\_ Yes

• If yes, please explain: \_\_\_\_\_

***I give Michigan State University Extension permission to check my criminal history with state and local police as well as with any jurisdictions in other states in which I have lived.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: A criminal record will not necessarily disqualify an applicant. A criminal record is one piece of information that will be considered in determining the appropriateness of an individual to be an MSU Extension volunteer.