



Lenawee Therapeutic Riding



Please keep this form for your reference.

Hello Therapeutic Riding Volunteers,

Welcome to the 2026 season. It's time to mark your calendars as we start our **38th** year of Lenawee Therapeutic Riding. Lenawee Therapeutic Riding sessions will be at 3 Bar B Rodeo Co. We are excited to be able to continue using this very welcoming location. Their address is 1220 Sword Hwy., Adrian. If you need directions, please contact me.

2026 Schedule

- ☆ Fall Volunteer Orientation.....August 31, **MANDATORY FOR ALL *NEW* VOLUNTEERS**
- ☆ **Fall Session**.....September 14 thru October 19

This packet contains all of the paperwork you will need to complete for LTR 2026. **ALL** volunteers (returning and new) must complete this paperwork on a calendar year basis. To register, please print this packet, and complete the forms. All lines must be completed, all forms witnessed and signed. Incomplete paperwork may mean you will not be able to participate in this session.

Paperwork must be completed and returned by **AUGUST 1st.**
Paperwork received after the deadline will not be guaranteed participation.

New Volunteers:

- ☞ Volunteer Central Application (online) – *New* volunteers must complete this volunteer screening process.
- ☞ New Volunteer Information Form – *NEW* volunteers only need to complete, sign, and return.

ALL Volunteers:

- ☞ Volunteer Confirmation Form (You may want to print out an extra form to keep.)
- ☞ Volunteer Registration and Emergency Treatment Form
- ☞ Volunteer Informed Consent and Release of Liability Agreement
- ☞ Volunteer Video, Film, and Photography Release Form

You can download fillable copies of this packet at <https://www.canr.msu.edu/ltr/index>
Remember to save your file to your computer before and after you complete it!

Thank you for your prompt completion and return of paperwork. Remember that the number of riders depends on the number of volunteers who have completed and returned their paperwork at the August 1st deadline. If you have any questions please call or email me.

Return all paperwork to: Carolyn Baer, LTR Volunteer Coordinator
6495 Rome Road, Adrian, MI 49221

If you have any questions, please contact Carolyn Baer at #517 442-3695 adrianbaer@aol.com

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LENAWEE THERAPEUTIC RIDING

REVISED 2026 SCHEDULE

February 23	7:00 pm	Board Meeting (rescheduled Annual Meeting)
March 23	7:00 pm	Board Meeting
April 27	7:00 pm	Board Meeting
May 25	7:00 pm	Board Meeting
June 22	7:00 pm	Board Meeting
July 1		Mail Application Letter to Fall Volunteers
July 27	7:00 pm	Board Meeting
August 1		Deadline for Volunteer Paperwork
August 24	7:00 pm	Board Meeting
August 31	6:30 pm	Volunteer Orientation
September 14		First Session of Fall Riding
September 28	7:00 pm	Board Meeting
October 19	6:30 pm	Last Session of Fall Riding & Trick or Treating
October 26	7:00 pm	Board Meeting
November 23	7:00 pm	Board Meeting – Evaluate Fall Riding Sessions, Begin prep of ballot for Annual Meeting
December 28		No Board Meeting



Lenawee Therapeutic Riding



Volunteer Confirmation Form

Fall 2026

Name _____ Birth date _____ Height _____ (to better match you and the horse)

Address _____ City _____ Zip Code _____

Phone #'s home _____ work _____ cell _____

E-mail Address: _____

Areas of Interest: (Check all that apply, some positions require additional training and/or Instructor's approval)

- Side Walker Mounting Assistant Horse Leader Tack Coordinator Tack Assistant
- Public Relations & Recruitment Board Member (after 1 year of Volunteering)
- Provide a horse (subject to testing)
- I am interested in further training as: horse leader or mounting assistant

Orientation is MANDATORY for new volunteers. Returning volunteers are encouraged to attend for a refresher. Please confirm that you will attend Orientation by checking the box below.

Monday, Aug, 31 at 6:30 pm New Volunteer Orientation & New Horse Trial

Check-in for riding sessions is at 6:15 pm (NOTE TIME) unless you are not scheduled until a later class.

I am volunteering for the following dates:

Please check below ALL the dates you are available to attend.

Fall Sessions – Mondays

- September 14
- September 21
- September 28
- October 5
- October 12
- October 19, Trick or Treating

PLEASE RETURN THIS FORM along with the signed and witnessed RELEASE FORMS from the Volunteer Registration Packet. Please make a copy for your records.

Return all paperwork to: Carolyn Baer, LTR Volunteer Coordinator
6495 Rome Road, Adrian, MI 49221

If you have any questions, please contact Carolyn Baer at #517-442-3695 or adrianbaer@aol.com



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 precautions 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 **Parent** **Guardian** **Adult Volunteer** _____
Date _____ **Witness** _____



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: _____

MICHIGAN 4-H PROUD EQUESTRIANS PROGRAM

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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 limitations? _____ 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:

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

How did you learn about Lenawee Therapeutic Riding?
