

APPENDIX 5A-VR1

Michigan 4-H Proud Equestrians Program (PEP) Volunteer Registration and Emergency Treatment 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 until this form has been completed by his/her parent(s)/guardian or by the individual if he/she is a legally competent adult 18 years of age or over.

Date _____ New Volunteer Return Volunteer

Volunteer: Full Name _____ Date of Birth _____
Mailing Address _____
City _____ State _____ Zip _____
Home Phone (_____) _____ Work Phone (_____) _____
Previous Experience with Horses _____

Parent/Guardian (If Under 18): Full Name _____ Phone (_____) _____
Mailing Address _____
City _____ State _____ Zip _____

Physician: Name _____ Phone (_____) _____
Address _____
City _____ State _____ Zip _____

Person who should be notified in case of emergency in absence of parent/guardian:
Name _____ Phone (_____) _____
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: _____

Medications 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

Name of Policyholder/Relationship to Participant: _____

Policyholder's address _____

Please 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:** _____
Parent(s) / Guardian / Adult Volunteer (Circle appropriate title)

Witness: _____

Michigan 4-H Proud Equestrians Program Parent/Guardian-Adult Volunteer Informed Consent and Release of Liability Agreement

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

No individual can be accepted as a volunteer in the Michigan 4-H Proud Equestrians Program 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

County

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 for advice in circumstances where safe practices are in doubt.

I/we hereby release Michigan State University and 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: _____ **Time:** _____

Michigan 4-H Proud Equestrians Program

***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 for as a volunteer in a Michigan 4-H Proud Equestrians Program 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 this "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 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

Full Name of Subject: _____
Volunteer

Parent/Guardian (if subject is under 18 years old): _____
Parent/Guardian

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ **Date:** _____
Parent/Guardian

Signature: _____ **Date:** _____
Adult volunteer over the age of 18

Michigan 4-H Proud Equestrians Program