



Mane Solutions at Oxford Farm
312 Five Forks Road
Anderson, SC 29621
A 501(c)(3) Non-profit Organization
www.manesolutions.org

Volunteer Information Form (Health History, Media Release and Confidentiality Statement)

Please Print

Name: _____ Date of Birth: _____ Age: _____

Address: _____ State: _____ Zip Code: _____

Place of Employment/School: _____

Work Address: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____ Do you check your email regularly? Yes No

Parent/Legal Guardian/Caregiver's Name: _____

(if under 18 or under Supervised Care) Relationship to Volunteer: _____

Address: _____ State: _____ Phone: _____

Have you ever been convicted of a felony? No Yes If Yes, please Explain: _____

Reference Name (Non-relative): _____ Phone: _____

How did you learn about Mane Solutions? _____

Are you currently CPR/First Aid trained? _____

Please describe your experience with horses, including number of years: _____

Please describe your experience with individuals with disabilities: _____

What other skills would you like to offer the program? _____

Lesson Program Volunteer: Sidewalking Riders Horse Leading (must have horse experience)

Coordinator (grooms and tacks horse for lesson)

Equine Program Volunteer: Horse Care – feeding, stall cleaning, pasture cleaning.

Facility/Farm Volunteer: General Maintenance and Repairs (buildings, fences, etc) Carpentry

Equipment repair

Office Volunteer: Data Entry Reception General Office Support Mailings

Special Events and Fundraisers Volunteer: Serve on Special Events/Fundraising Planning Committees

Give assistance day of an event/fundraiser

Special Skills Volunteer: Photography Sign Language Cooking/Baking Public Relations/Outreach

Construction Fundraising Experience Grant Writing Computer Skills

Graphic Design Website Design Other: _____

Emergency Treatment Release Form

Check all that apply: Volunteer Rider/Participant Staff

Please fill out EVERY space. You may state Not Applicable (NA) if necessary.

Name: _____ DOB: _____

Parent/Legal Guardian (if under 18): _____

Caregiver: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Emergency Contact:

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

Primary Physician:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Health Insurance Company: _____ Phone: _____

Name of Insured: _____ Policy Number: _____

****Please describe your current health status, disability (if applicable), particularly regarding the physical/emotional demands of participation/working in a therapeutic riding program and any special precautions we need to know:**

****Please list any allergies and current medications: None _____ Please list: _____**

In case of medical emergency, due to illness or injury while being on the property of the agency, the undersigned authorizes Mane Solutions at Oxford Farm 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 emergency medical treatment.

This authorization includes x-ray, surgery, hospitalization, medication, anesthetic, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

(if applicant is under 18 years of age)

Please read each of the following and sign:

Media Release

I DO

DO NOT

consent to and authorize the use and reproduction by Mane Solutions of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature _____ Date _____

Print Name _____

(Client, Parent/Legal Guardian must sign for children under 18 or wards of the court.)

Signature of Parent/Guardian _____ Date _____

Print Name _____

Confidentiality Agreement

This confidentiality agreement is made between Mane Solutions (referred to as "The Program") and _____ (referred to as "The Volunteer").

Please print Name here

The Program is engaged in Therapeutic horseback riding for individuals with physical and cognitive limitations. The Volunteer is engaged in assisting the Program's instructors by leading horses, side walking, and preparing facilities. Information about the Program's student riders may be disclosed to the Volunteer from time to time to permit them to properly employ safety measures during riding sessions. The Volunteer agrees to protect the confidential material and information which may be disclosed between the Program and Volunteer. Therefore, the parties agree as follows:

- I. Confidential information: the term "Confidential information" means any medical, social, referral, personal, and/or financial information for all individuals involved presently or in the past with Oxford Farms, to include rider, his or her family, volunteers, staff, and board members.
- II. Protection of Confidential Information: The Volunteer understands and acknowledges that the Confidential Information is to be considered privileged information. Therefore, the Volunteer agrees to hold in confidence and to not disclose the Confidential Information to any person or entity.

By: _____
Volunteer Signature _____ Print Name _____ Date _____

Signature of Parent/Guardian if under 18 _____ Print Name _____ Date _____

By: _____
Mane Solutions Representative _____ Print Name _____ Date _____

Oxford Farm Liability Release Form

312 Five Forks Road, Anderson, SC 29621

Date: _____

Name: _____ Age: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

UNDER SOUTH CAROLINA LAW: AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA, 1976.

Assumption of Risk:

I acknowledge that the enjoyment and excitement of Horseback riding or otherwise handling horses is derived in part from the inherent risk incurred by this activity. I am solely responsible for my decision to participate in this activity. I understand and accept that Horseback riding or otherwise handling horses involves dangers and risks which may include, but are not limited to the following:

- Horse behavior or temperament which includes biting, kicking or stepping on a person;
- Falling off or being thrown from a horse, such risk increases at higher speeds;
- Unforeseen maladjustment or malfunction of saddles and tack;
- Horseback riding on rugged terrain, including slippery trails;
- Injuries inflicted by animals, insects, plants or other participants;
- Accidents or illness in remote places without medical facilities;
- The forces of nature including lightning, unsuspected changes in terrain, weather changes, and others not named;
- The physical exertion associated with Horseback riding or otherwise handling horses.
- This facility is not considered a Spectator property. Anyone entering property is considered a participant.

Release Agreement

In consideration of Oxford Farm furnishing either horses and/or a place to enable me to participate in equine and farm related activities, I hereby assume all risk of injury or loss of life to myself, and loss of or damage to property arising out of my participation in such activities, including hazards associated with any defect in a manufacturer's product. I specifically release and hold harmless Oxford Farm, its owners, operators, agents, volunteers, guides, employees, and participants from any and all liability, including negligence (active or passive), as to any right of action or claim to relief that may accrue either to me or to my heirs or personal representatives for any such injury, loss of life, medical costs, attorney's fees, court costs, or loss of or damage to property which I may suffer while participating in equine activities, including activities preliminary and subsequent thereto. I declare that I carry medical insurance fully covering any and all injuries incurred. I further understand Oxford Farm carries no medical insurance for the protection of participants, and any insurance coverage existing with respect to Oxford Farm, shall not alter the terms of this waiver nor impose any liability on Oxford Farm. I have carefully read this release and fully understand its contents. I am aware that this is a complete release of liability and I sign it of my own free will. This release will remain in full force and effect for all visits by me to Oxford Farm unless I explicitly revoke it in writing and deliver such revocation in person to Oxford Farm. I hereby give permission to the medical personnel selected by Oxford Farm personnel to order X-rays, routine tests and treatment for family, minor children and myself and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Oxford Farm personnel to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my family, minor children or myself as named above. I also agree to obey all Stable Rules and all other posted signs or verbal directions while participating in any and all equine and/or farm related activities.

Signature of Participant: _____

(For participants under 18 years of age)

Signature of Parent or Guardian: _____

Print Name of Parent or Guardian: _____

I further understand and acknowledge that wearing a protective helmet may reduce the risk of head and spinal cord injuries to persons participating in equine related activities; nevertheless, I hereby voluntarily choose not to wear a helmet against advice of farm owners, my riding instructor and/or leader of the equine related activities.

Signature: _____

(It is Oxford Farm Policy that participants under 25 MAY NOT ride horseback without a helmet.)