

VOLUNTEER REGISTRATION FORM

Office Use Only
Comm. Service _____
College Student _____
Teenager _____
Adult _____

This form is valid for a period of one (1) year from date signed.
DAYSPRING THERAPEUTIC EQUESTRIAN CENTER OF HARRISON COUNTY, INC.

2609 Fern Lake Cutoff - Marshall, Texas 75672 - (903) 923-5552 - www.dayspringtherapeuticequestriancenter.com

Name _____ Birth Date _____ Age _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cellular Phone _____
Work Place _____ Work Phone _____

Current Driver's License Yes _____ No _____ License Number _____ State _____

E-mail address _____

If under age 18, Name of Parent/Guardian _____

Work Place _____ Work Phone _____

In case of emergency, notify _____ Home Phone _____

Relationship _____ Work Phone _____

Physician _____ Phone _____

Hospital & Town Preferred _____

CONFIDENTIALITY STATEMENT

As a volunteer of Dayspring Therapeutic Equestrian Center of Harrison County, Inc. (hereinafter referred to as Dayspring), I understand and agree that I must hold all written, verbal, personal, and medical information regarding staff, volunteers, participants and their families confidential. Any questions concerning a student of Dayspring may be addressed to the Executive Director and/or Instructor.

Volunteer Signature _____ Date _____

If under 18 years, Parent/Guardian Signature _____ Date _____

BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime? _____ if yes please explain: _____

I, _____ authorize Dayspring. to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal governments, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize Dayspring, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Volunteer Signature _____ Date _____

If under 18 years, Parent/Guardian Signature _____ Date _____

SEE REVERSE SIDE

Dayspring Therapeutic Equestrian Center of Harrison County, Inc.

PHOTO RELEASE

The undersigned volunteer hereby grants to Dayspring permission to take or have taken still and moving photographs and films including television pictures of volunteer and consents and authorizes Dayspring, its advertising agencies, news media and any other person interested in Dayspring and its work, to use and reproduce any and all photographs, and any other audio-visual materials taken of me and circulate and publicize the same by all means including, but not limited to, newspapers, television, media, brochures, pamphlets, instructional material, exhibits, books, web-site and clinical material or for any other use for the benefit of Dayspring.

Volunteer Signature _____ Date _____

If under 18 years, Parent/Guardian Signature _____ Date _____

NON-CONSENT

I do not give my consent to Dayspring to take or have taken still and/or moving photographs and films including television pictures.

Signature of non-consent Volunteer, Parent or Guardian _____ Date _____

VOLUNTEER LIABILITY RELEASE (Please sign with your initials)

_____ As a volunteer at Dayspring, I acknowledge the risks and potential for risks of a horseback riding program and that no liability can be accepted for accidents by any of the organizations concerned, including Dayspring. I understand that I may be assisting with the instructional riding class of a Dayspring rider challenged with a disability and/or dysfunction. I am aware and understand that I may be working with teens participating in Dayspring's Juvenile Intervention Programs including adjudicated and/or troubled teens. I understand that I will be working with and around the horses of Dayspring; however, I feel that the possible benefits to myself and the riders I work with are greater than the risk assumed. I, the undersigned volunteer, hereby, intending to be legally bound, for myself, my heir and assigns, executors or administrators, waive and forever release, acquit, discharge and hold harmless all claims for damages against Dayspring, its Board of Directors, agents, instructors, therapists, employees, representatives, successors, assigns, volunteers, owners of the property on which Dayspring operates, for any and all manner of claims demands and damages of every kind or nature whatsoever, which volunteer may now, or in the future have against Dayspring, its Board of Directors, agents, instructors, therapists, employees, representatives, volunteers, owners of the property on which Dayspring operates, successors or assigns on account of any personal injuries and/or personal damages known or unknown, or in anyway growing out of, the acts of Dayspring, its Board of Directors, agents, instructors, therapists, employees, representatives, volunteers, owners of the property on which Dayspring operates, successors or assigns.

_____ Under the Texas Equine Liability Act, (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

_____ I understand that if I am injured while performing normal Dayspring activities (sidewalking, leading horses, grooming, tacking, riding, assisting at fundraisers or participating in volunteer training) I am covered by Dayspring's insurance for medical expenses up to the policy's limit of \$10,000.00 per person.

_____ I understand that if a student is injured and brings suits against me as a volunteer, Dayspring's insurance policy treats me as an additional insured and will defend me within the bounds of its policy.

Volunteer Signature _____ Date _____

If under 18 years, Parent/Guardian Signature _____ Date _____