



Lichen Oaks Adaptive Riding Center

Volunteer Information Form

Date: _____

Name: _____

Phone: _____

Street Address: _____

E-mail Address: _____

Shirt Size: _____

Brief summary of your experience with horses: _____

Brief summary of your experience with people with special needs: _____

I am interested in helping in the following areas: *(check as many as you would like!)*

Horse Handler for lessons Side Walker for Lessons Special Events


Weekend Feeding / Cleaning Facility Upkeep Tack Maintenance

Days I'm Available: *(circle all days you are available)*

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

114 Quail Hollow Road Felton, California 95018 • 831-335-2347

info@loarc.net • www.lichenoaksarc.org

 Lichen Oaks Adaptive Riding Center



Professional Association of Therapeutic Horsemanship International
CENTER MEMBER



Lichen Oaks Adaptive Riding Center

PHOTO RELEASE

• I DO

• I DO NOT

consent to and authorize the use and reproduction by LOARC 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: _____

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PATH
INTERNATIONAL

Professional Association of Therapeutic
Horsemanship International

CENTER MEMBER



Lichen Oaks Adaptive Riding Center

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

____ Participant ____ Staff ____ Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's name: _____

Preferred Medical Facility: _____

Health Insurance Co: _____ Policy #: _____

Allergies to any medications: _____

Current medications (prescription and over-the-counter): _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Lichen Oaks Adaptive Riding Center to: (1) Secure and retain medical treatment and transportation if needed, and (2) Release client records upon request to the authorized individual or agency involved in medical emergency treatment.

Consent plan: This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) above cannot be reached.

Date: _____ Consent Signature: _____

Client, parent, legal guardian or volunteer

Non-Consent plan: I DO NOT give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

- Parent or guardian will remain on site at all times during equine assisted activities.
- In the event that emergency treatment/aid is required, I wish the following to take place:

Date: _____ Signature: _____

Client, parent, legal guardian or volunteer





Lichen Oaks Adaptive Riding Center

Volunteer and Staff Dress and Behavior Guidelines

The following guidelines are intended to maintain safety for our volunteers and participants, as well as project a professional presence to our clients and guests. The guidelines are not an exhaustive list. LOARC management reserves the right to address any dress code concerns deemed inappropriate.

- Protect our students' right to privacy by avoiding discussing LOARC students in the hearing of other students and/or visitors, and when not at the center. Refrain from answering questions about students that reveal personally identifying information, or special need.
- Hard-soled shoes with a low heel are preferred. Sneakers with heavy tread are acceptable.
- Open-toed shoes, sandals and slip-on shoes are not permitted.
- Dress appropriate for the weather. Utilizing layers is a good choice, as conditions may change.
- No revealing clothing, such as tops with spaghetti straps/shelf bras or midriff t-shirts. No skirts or skorts, please.
- Volunteers and staff are issued LOARC polo shirts, which must be worn when lessons are in progress.
- No dangling jewelry and/or facial jewelry.
- No visible/inappropriate tattoos.

REMEMBER: Whenever you are wearing LOARC gear (i.e. shirts with a LOARC logo, etc.), you are an ambassador of our program. Your behavior is a reflection of LOARC.

Please sign below indicating you have read, understand and accept these guidelines.

Signature

Printed Name

Date

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Confidentiality Agreement

Every Professional Association of Therapeutic Horsemanship (PATH) International accredited adaptive riding program must have a policy for its staff and volunteers to maintain confidentiality of participants.

By signing this form, you agree to abide by the confidentiality policy. This policy is in place to protect the confidentiality of the Lichen Oaks Adaptive Riding Center Program (LOARC) participant and his or her activities at LOARC. Use discretion, and do not use individual identifiers (e.g., participant name) when talking about the participants. Be certain that if you are writing an article, producing a school project, or exposing the participant in any way to the public that you have permission from the participant and his or her parents/guardian (if the student is a minor). This especially applies if you would like to use any individual identifiers.

Signed: _____ Date: _____
(Parent/guardian if under 18)

Printed Name: _____



Lichen Oaks Adaptive Riding Center

Release of Liability Agreement

Assumption of Risk while at Lichen Oaks Adaptive Riding Center (LOARC):

Horseback riding is classified as *Rugged Adventure Recreational Sport Activity* and there are numerous obvious and non-obvious inherent risks always present in and around such activity despite all safety precautions. I am aware that horseback riding and participation in activities involving horses are hazardous and I acknowledge the unpredictable nature of horses and the risk of injury to myself and/or minor children or charges in my care. Such activities and use of the facilities include:

1. Walking upon the land;
2. Viewing horses boarded in or wandering about the land;
3. Viewing the physical facilities;
4. Boarding horses in the facilities provided by LOARC;
5. Caring for horses whether owned by the Undersigned or someone else, at or about the facilities;
6. Horseback riding and all things incident before and after;
7. Using the bathroom facilities;
8. Parking vehicles on the land;
9. Driving vehicles on the land; and
10. Other activities, which the user may engage in at LOARC.

Knowing these facts, I agree to participate in and/or observe such activities and assume full responsibility for injury, death, loss of personal property and expenses for myself and/or my minor children or persons in my legal guardianship or conservator care. I hereby waive, release, and discharge LOARC and Lichen Oaks, LLC and their representatives from any and all right, claim, or liability for damages and /or injuries as a result of or arising out of my participation in or observing of these activities.

Knowing and Voluntary Execution

I have carefully read this agreement and fully understand its contents, I am aware that this is a release of liability and a contract between myself and LOARC and/or its members, officers, agents, employees, and affiliated organizations or entities and sign it of my own free will.

Signature: _____ Print Name: _____ Date: _____

A parent, legal guardian or conservator must sign the following liability release for each child or other person in their care as they participate in or observer LOARC activities:

I, the undersigned, parent, legal guardian or conservator of _____ for and in consideration of my child's or my charge's participation at LOARC state that I have read the waiver, release, and hold harmless agreement written above and I agree that the terms and conditions of said agreement shall apply to and be binding upon me and my minor child or charge as it pertains to any injury or damage said minor child or charge may sustain as a result of participation.

Signature: _____ Date: _____

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