



Jacobs' Ladder Therapeutic Riding Center, Inc.
5866 Bradford Rd. N.
Hahira, GA 31632
(229) 794-1188



Volunteer Information & Liability Release

General Information

Name: _____ Date: _____
Address: _____
D.O.B. _____ Phone: (H) _____ (cell/wk) _____
Email address: _____
Employer/School: _____
Name of Parent/Legal Guardian, if minor: _____
Address: _____ Phone: _____

How did you hear about the program? _____

Health History

Recent medical tests: Last tetanus Shot: _____ Tuberculosis Test + - Date: _____
Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies: _____

Medications: _____

I attest that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____
(Should be signed in presence of center staff)

Check which areas you are interested in:

Program

Horse handling
 Sidewalking
 Stable management
 Facility Repairs

Special Events

Horse Show
 Fundraising
 Special Olympics
 Trail Rides

Administration

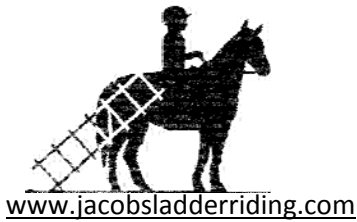
Public Relations
 Grant Writing
 Volunteer Recruitment
 Future Planning

Photography
 Newsletter

Photo Release: I do,
I do not,

consent to and authorize the use and reproduction by Jacobs' Ladder Therapeutic Riding Center, Inc. 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 center.

Signature: _____ Date: _____



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Confidentiality Agreement

I understand that all information (written and verbal) about participants at Jacobs' Ladder is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent or guardian in the case of a minor. This includes, but is not limited to social media networks, such as Facebook, My Space, etc.

Signature: _____ Date: _____

Background Information:

Have you ever been charged with or convicted of a crime? Y N; If Yes, please explain:

By signing this portion of the application, I am authorizing the Jacobs' Ladder Director or appointed staff to receive information from any law enforcement agency, of this state or any other state, to the extent permitted by 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 or animals. I understand that such access is for the purpose of considering my application as a volunteer or staff, and that I expressly DO NOT authorize Jacobs' Ladder directors, officers, employees or other volunteers to disseminate this information.

Current Driver's License Y N State _____ License # _____

Signature: _____ Date: _____

IMPORTANT NOTICE

BY SIGNING THIS AGREEMENT YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF YOUR RIDING OR USE OF THE OWNER'S HORSE AND/OR PARTICIPATION IN EQUINE ACTIVITIES AT Jacobs' Ladder Therapeutic Riding Center, Inc. &/or Glenn & Leslie Jacobs, as individual property owners, INCLUDING INJURY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF THE NEGLIGENCE OF YOU OR Jacobs' Ladder Therapeutic Riding Center, Inc. &/or Glenn & Leslie Jacobs, as individuals.

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOUR UNDERSTANDING OF AND AGREEMENT TO ITS TERMS.

By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, including but not limited to:

- _ Bites, kicks, abrasions or contusions from horses.
- _ Being thrown or bucked off by horses.
- _ Scratches or other injury from stalls or enclosures.
- _ Scratches or other injury from grooming tools and other equine equipment and tack.
- _ Allergic reactions to animals, hay, or other allergens.
- _ Tripping in holes or on materials or equipment.
- _ Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.

“Under Georgia law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of a participant in equestrian activities resulting from the inherent risks of equine activities.” Pursuant to Chapter 12 of Title 4 of the official code of Georgia Annotated.

Signature: _____ Date: _____

(updated 9-12)