



Talbot Special Riders, Inc.
 Therapeutic Horseback Riding
 P.O. Box 391 Easton, Maryland 21601



Volunteer Information and Release Form

Contact Information:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail: _____ Preferred Contact: Email ____ Home ____ Cell ____

Emergency Contact:

Name: _____ Relationship: _____

Parent/Guardian (if applicable): _____ Phone: _____

Address (if different): _____

Photo Release:

I, _____ **CONSENT** _____ **DO NOT CONSENT** to and authorize the use and reproduction by Talbot Special Riders, Inc. of any photographs and/or audio-visual materials taken of me which may be used for promotional materials, educational activities, exhibitions, newsletters or for any other use for the benefit of the Program.

Signature of Volunteer, Parent or Guardian

Date

Volunteer Availability:

<i>Day</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>
<i>AM</i>							
<i>PM</i>							

Special Interests/ Hobbies:

Talbot Special Riders, Inc. is constantly seeking to recruit volunteers to fill a variety of Program needs, which may include: Horse Leaders, Side Walkers, Horse Resources Persons, Reception Area Resource Person, Barn Volunteers, Office Volunteers, Special Skills Volunteers (grant writing, photography, event planning, fundraising, landscaping, etc.) We value our volunteers and seek to incorporate skills and talents in ensuring a successful program. Please include any special interests, skills or hobbies:

Volunteer Status: _____ **New** _____ **Current** **Start Year:** _____



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Volunteer Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of my acting as a volunteer for or while being on the property of Timber Grove Farm for any program of Talbot Special Riders, Inc. ("TSR"), I authorize TSR to secure and retain medical treatment and transportation if needed and to release this information:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co: _____ Policy Number: _____

Allergies: _____

*Note: If you require an EPI pen, you must provide your own and administer it yourself.

Important Health Information or History: _____

Current Tetanus Shot: Yes _____ No _____

Emergency Contacts:

Primary: _____ Relation: _____ Phone: _____

Secondary: _____ Relation: _____ Phone: _____

CONSENT

I consent to any emergency medical treatment and/or first aid I might receive during the course of my volunteering with TSR and agree to comply with any reasonable request for additional medical tests as may be indicated from time to time. This consent includes, but is not limited to x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by a physician.

Volunteer Signature

Date

Printed Name



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Confidentiality Policy

1. Talbot Special Riders, Inc. shall preserve the right of confidentiality for all individuals in its program, participants, instructors and volunteers.
2. The staff, instructors, board, volunteers and any others working with the program shall keep confidential all medical, financial, social, referral and personal information regarding a person and his/her family. Information will not be disclosed to anyone without proper authorization.
3. A rider may not be competent to give consent for disclosure of medical or sensitive information because of age (under 18 years) or mental incapacity. If this is the case only the parent(s) or legal representative or others defined by the State of Maryland have this authority.
4. Adult riders are presumed legally competent to give or deny consent unless they have been adjudicated incompetent to make this type of health care decisions. If a substitute decision maker has been appointed, specific written consent from that individual is required.
5. Access to or disclosure of sensitive information should not be given to anyone without the rider's written consent on the basis of perception. (i.e. at the request of a healthcare facility.)
6. Disclosure of information to outside agencies is only done with written consent of the rider.
7. Breach of this confidentiality policy may result in loss of position or removal from the volunteer program.

I understand and will observe the confidentiality policy of Talbot Special Riders, Inc.

Volunteer Signature

Date

Printed Name



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Waiver of Liability, Assumption of Risk, Indemnification, and Covenant Not To Sue Agreement

Waiver of Liability: For the privilege of riding, handling, working, and/or being around equines today and on all future dates, I, on behalf of myself, my family members, my heirs, personal representatives, or assigns, do hereby agree to release, waive and discharge Talbot Special Riders, Inc., its respective directors, managers, employees, volunteers, and agents (hereinafter collective referred to as "TSR") as well as Kimberly Hopkins, property owner of 6292 Statum Road, Preston, Maryland, from any liability or responsibility for accident, damage, injury or illness to myself or any horse used by me which may be owned or leased by TSR, or to any family member or spectator accompanying me while on the premises of Hopkins resulting from the inherent risks of equine activities or from the ordinary negligence (active or passive) of TSR or Kimberly Hopkins.

AND that except in the event of TSR and Kimberly Hopkins' wanton and willful and/or reckless conduct and/or gross negligence, I agree not to bring any claims, demands, actions and causes of action, and/or litigation, against TSR and Kimberly Hopkins for any economic and/or non-economic losses due to bodily injury, death and/or property damage sustained by me in relation to the premises and operations of TSR and Kimberly Hopkins, including while riding, handling, volunteering, or otherwise being near horses owned by or in the care, custody and control of TSR and Kimberly Hopkins.

Assumption of Inherent Risks: I understand and assume the inherent risks involved in equine activities, including those used for therapeutic purposes, which risks include, but are not limited to, bodily injury, physical harm and even death to horses, riders, and spectators from using, riding, or being in close proximity to horses which may occur in normal use. I acknowledge that the behavior of any animal is contingent to some extent upon the ability of the handler or rider. Further, I understand that "inherent risks of equine activities" shall mean those dangers or conditions which are an integral part of equine activities, including but not limited to:

- the propensity of any equine to behave in ways that may result in injury, harm, or death to a person on or around them and/or damage to property in their vicinity;
- the unpredictability of an equine's reaction to such things as sounds, sudden movements and unfamiliar objects, persons or other animals;
- certain hazards such as surface or subsurface objects
- collisions with other equines, animals, people and objects (fixed or otherwise);
- limited availability of emergency medical care; and
- the potential of a participant or spectator to act in a negligent manner that may contribute to injury to the participants or others, such as failing to maintain control over the quine or to act within his/her ability.

Participant Agreement: Indemnification: I also agree to hold harmless, defend and indemnify TSR and Kimberly Hopkins (including, but not limited to, costs associated with defending a suit, judgment, court costs, investigation costs, and reasonable attorney fees) from any and all claims of mine, my family members, or others arising from my injury or loss due to my participation as a rider, handler or spectator. I further agree to hold harmless, defend, and indemnify TSR and Kimberly Hopkins against any and all claims of co-participants, rescuers, and others arising from my conduct in the course of my participation and presence on the premises as a rider, handler, boarder or spectator.

Covenant not to Sue; Mediation; Venue; and Severability Clauses: I covenant not to sue TSR or Kimberly Hopkins for any present or future claim arising directly or indirectly from my participation at the TSR and Hopkins. This includes claims resulting from inherent risks of equine activities and the active or passive ordinary negligence of TSR and Hopkins. This Agreement shall be construed and interpreted in according with the laws of the State of Maryland. Any action brought under this Agreement shall be brought within one (1) year of the incident or dispute giving rise to said claim. I further agree that prior to litigation, such incident or dispute shall first be mediated by a trained Mediator knowledgeable in equine and equine activities from a list acceptable to TSR and Kimberly Hopkins. Costs of mediation shall be shared equally by the parties. In the event of litigation, the parties agree to waive a trial by jury and the prevailing party shall be entitled to costs and fees associated with the litigation, including reasonable attorney fees and reimbursement of mediation fees. Mediation and litigation shall be conducted in Caroline County, Maryland; in a court of competent jurisdiction if litigation is initiated. I also expressly agree that this Participant Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Maryland and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

Acknowledgement of Understanding: I understand this is a legal document and that I am signing this agreement freely and voluntarily. I understand I have the choice not to participate as a client, volunteer, guest, or spectator on the premises used by Talbot Special Riders, Inc., or as a rider, handler, or spectator in lessons, training, or special events provided by or held at the facilities of Hopkins, and, therefore, not sign this Agreement. I understand there is no public policy in Maryland prohibiting the use of this waiver and that I may also sign on behalf of my minor child or ward. I have read this Participation Agreement and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue TSR and Kimberly Hopkins, its clinicians/trainers/instructors, directors, managers, employees, volunteers, and agents for injury or death resulting from the inherent risks of equine activities or the active or passive ordinary negligence of TSR and Kimberly Hopkins. I further acknowledge that I intend my signature to be a complete and unconditional release of liability, including that due to ordinary negligence by TSR and Kimberly Hopkins, to the greatest extent allowed by the laws of Maryland.

Signature: (Must be at least 18 years old) _____ Date: _____

Printed Name: _____ Client Name: _____

Client _____ Parent _____ Legal Guardian _____ Volunteer _____ Guest or Spectator _____

Timber Grove Farm

6292 Statum Road
Preston, Maryland 21655

Volunteer Waiver

This waiver declares that Ashley Hopkins and Kimberly Hopkins nor anyone associated with Ashley Hopkins, Kimberly Hopkins or Timber Grove Farm located at 6292 Statum Road, Preston, Maryland 21655, is not liable for any injury or accident that may occur while participating in riding or driving lessons, working around farm animals or visiting the premises.

I UNDERSTAND, that I am voluntarily participating/ or allowing my minor child to participate in a sport that is considered dangerous and can result in serious injury. I realize that when riding or driving, a predator (man) attempts to dominate and control an animal of prey (horse/pony) that is normally ten times larger, stronger and faster.

I UNDERSTAND, that the nature of stable horses is unpredictable. The horse/pony can shy, rear, buck, and attempt to throw a rider or driver without warning. I realize that no horse/pony is considered completely safe. The horse/pony can cause injury or accident at any time.

I UNDERSTAND, that I will adhere strictly to guidelines set forth by Ashley Hopkins and Kimberly Hopkins and while participating in riding or driving lessons, working around farm animals and visiting the premises, but by adhering to those guidelines does not ensure my safety or the safety of those with me.

I UNDERSTAND, that Ashley Hopkins and Kimberly Hopkins nor anyone associated with the riding facility is NOT liable for any accident or injury to me, my minor child or any siblings or guests that may accompany me to the premises. I understand that I enter into this agreement and participate at MY OWN RISK. I further agree that I will not attempt to sue, for monetary gain, Ashley Hopkins, Kimberly Hopkins nor anyone associated with Ashley Hopkins or Kimberly Hopkins.

Volunteer Signature

Date

Printed Name

For Minor Child

Parent/Guardian Signature

Date

Printed Name