



Purple Pony
THERAPEUTIC HORSEMANSHIP

2017 Volunteer Application Update

Please complete only information that has changed since last year

SUB LIST Y N

Volunteer Name _____ I am a leader sidewalker either
Address _____ City _____ Zip _____
Preferred Phone Number _____ Text- Y N E-mail _____

Emergency Medical Information:

Physician _____ Phone _____
Preferred medical facility _____
Health Insurance Company _____ Policy# _____
Emergency Contact person _____ Phone _____
Allergies to meds or food _____
Pertinent medical information _____

I confirm that all information provided on this update is accurate and up to date

Signed by volunteer or legal parent/guardian _____

Release and Hold Harmless Agreement

The undersigned, as self, or as parent/guardian of the named minor volunteer, jointly or severally, do hereby agree to release, hold harmless and indemnify **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC.** and/or **DOUBLE G RANCH** and its officers, directors, trustees, agents, employees, representatives, successors and assigns, from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorney's fees, which the undersigned volunteer or said minor volunteer may now or in the future have against the **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC.** and/or **DOUBLE G RANCH**, its officers, directors, trustees, agents, employees, representatives, successors and assigns, on account of any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned volunteer or said minor volunteer, or the treatment thereof, arising as a result of, or in any way connected to, acts or incidents occurring at or relating to the **PURPLE PONY THERAPEUTIC HORSEMANSHIP, INC.** and/or **DOUBLE G RANCH** but not limited to their negligence or gross negligence in rendering the services described above or in any way incidental thereto.

Signature of volunteer _____ Date _____

Emergency Medical Release

In the event that emergency medical aid/treatment is required due to illness or injury during center activities, or while on the property of the agency, I authorize Purple Pony Therapeutic Horsemanship, Inc., to: 1. Secure and maintain medical treatment and transportation if needed. 2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment. 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 is unable to be reached.

Consent Signature _____ Date _____

Photo Release

- I Do**
- I Do Not** consent to and authorize the use and reproduction by Purple Pony T H, 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 program.

Signature _____ Date _____

Confidentiality

I understand that I may be made aware of confidential information regarding rider diagnosis, etc. I understand that under no circumstances shall this information be shared with individuals external to Purple Pony and that information is provided solely for the purposes of improving the therapeutic benefit to the Rider(s) participating in the lessons.

Signature _____ Date _____