



GUARDIAN THERAPEUTIC HORSEMANSHIP

896 North Vicha Road Axtell, TX 76624

Ph: 254-717-1779



VOLUNTEER INFORMATION, RELEASE, AND HEALTH HISTORY

Volunteer Name: _____ Date of birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Employer/School: _____

Emergency Contact/Phone: _____

Parent/Legal Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

HOW DID YOU HEAR ABOUT GUARDIAN? _____

Please describe your areas of interest, your talents, skills, or experience including riding experience, and explain the ways in which you wish to contribute your time to Guardian:

HEALTH HISTORY

Please describe your current health status, particularly regarding the physical/emotional demands working in a therapeutic riding program. Please address any fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries.

ALLERGIES (medications, etc.) _____

PHOTO RELEASE: YES _____ NO _____

Have you ever been convicted of a felony? YES _____ NO _____

AUTHORIZATION FOR EMERGENCY TREATMENT

Volunteer Name: _____

Physician Name: _____ **Phone:** _____

Hospital: _____

EMERGENCY CONTACTS

(MUST HAVE AT LEAST TWO EMERGENCY CONTACTS FOR PARTICIPATION)

Name: _____ **Phone:** _____ **Relationship:** _____

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Name: _____ **Phone:** _____ **Relationship:** _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION: (initial beside your option of choice)

In the event medical aid/treatment/care is required due to illness of or injury while I am at GTH I hereby _____ CONSENT _____ DO NOT CONSENT to authorize GTH to:

- **Secure and/or administer basic First Aid, CPR, AED treatment or any necessary medical aid/treatment/care and transportation via car or ambulance including x-ray, surgery, hospitalization, medication and any procedure deemed “life saving” by a physician.**
- **Release my records upon request to the authorized individual or agency involved in the medical emergency treatment.**

This provision will only be invoked if the above person(s) cannot be reached

If you indicated that you DO NOT CONSENT to authorize GTH to perform any of the actions listed in the above consent plan, please describe what you wish to take place:

I have reviewed, read, understand, and agree to comply with the terms, requests, and conditions stated above in this document. I further agree that all the information provided is accurate, complete and up-to-date as of the date stated below.

Volunteer Signature: _____ **Date:** _____

Signing as a Volunteer and, if Minor(s) named above, signing on behalf of Minor(s) as Parent or authorized Legal Guardian

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

I will honor GTH Confidentiality policy: _____ **Date:** _____