



**Mailing Address:**  
3106 Broken Arrow  
Denton, Texas 76209

**Barn Address:**  
5098 US HWY 377  
Aubrey, Texas 76227

**Email Address:**  
blueskytherapeutic@gmail.com

www.blueskytexas.org

# Volunteer/Staff Information Form and Health History

## General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Employer/School: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Legal Guardian/Caregiver Name/Address/Phone Number: \_\_\_\_\_

How did you learn about the program? \_\_\_\_\_

Recent medical tests: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_ Tuberculosis Test + — Date: \_\_\_\_\_

(Consult your physician or local health department if you are not up to date with these shots/tests)

## Health History

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.

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Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

## Check areas in which you are interested:

### Program

- Horse Handling
- Sidewalking With a Student
- Stable Management
- Facility Repairs

### Special Events

- Horse Show
- Fundraising
- Special Olympics
- Trail Rides

### Administration

- Public Relations
- Grant Writing
- Newsletter
- Volunteer Recruitment

- Photography/Video
- Budget & Finance
- Future Planning

I understand 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: \_\_\_\_\_

*(Volunteer/staff/caregiver; signed in presence of center staff)*

# Volunteer/Staff Information Form and Health History

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Photo Release

I  DO

DO NOT

consent to and authorize the use and reproduction by \_\_\_\_\_  
(PATH Intl. Center)

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: \_\_\_\_\_

### Background Information

Have you ever been charged with or convicted of a crime? Y N Please explain \_\_\_\_\_

I, \_\_\_\_\_ (volunteer/staff), authorize \_\_\_\_\_ To receive  
Information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal 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 an employee/volunteer, and I expressly DO NOT authorize the PATH Intl. Center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(volunteer/staff)

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

### Confidentiality Agreement

I understand that all information (written and verbal) about participants at this PATH Intl. Center is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(volunteer/staff)

\_\_\_\_\_

# RELEASE OF LIABILITY

Name of Volunteer/Staff: \_\_\_\_\_

Blue Sky Therapeutic Riding & Respite, its officers, members, employees, contractors, and property

Owners and agents will not be responsible for any damages to person, animal or property at the Blue Sky leased or owned facility or its grounds, nor will they be responsible for any property lost or destroyed. The undersigned rider/parent/guardian/volunteer hereby releases Blue Sky, its officers, members, employees, contractors, property owners and agents from any and all liability, claims and damages whatsoever (including costs, expenses, and attorney's fees) that might result from damages, injuries, or losses to their person or property during, or in connection with, or arising out of any show, clinic, event or function, whether or not such damages, injuries, or losses result directly or indirectly from the negligent act or omission of such released parties.

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

In exchange for the use of property leased or owned by Blue Sky and other valuable consideration, I agree that my use of the premises and any animals, facilities, or equipment leased or owned by Blue Sky is at my own risk. I further agree to indemnify and hold harmless Blue Sky, their respective officers, members, employees, contractors, property owners and agents from any and all suits, actions, or claims of any type arising from my use of the premises or participation in the equine activity of such use by my guest, whether or not such claims result directly or indirectly from the negligent act or omissions of the indemnified parties or otherwise.

I acknowledge that riding and involvement with horses is a high-risk activity. I have read this agreement and fully understand its content.

**PLEASE SIGN HERE:** \_\_\_\_\_  
(Adult rider or parent / guardian of minor rider/volunteer)

\_\_\_\_\_  
Date

**Riders and Volunteers cannot participate in any activity at Blue Sky without this signed form.**