



Mailing Address:
3106 Broken Arrow
Denton, Texas 76209

Barn Address:
5098 US HWY 377
Aubrey, Texas 76227

Email Address: Questions? Email Jen at jen@blueskytexas.org
blueskytherapeutic@gmail.com

www.blueskytexas.org

Volunteer/Staff Information Form and Health History

General Information Email Address: _____

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.

Allergies: _____

Medications: _____

Check areas in which you are interested:

Days available: ___S ___M ___T ___W ___TH ___F ___SAT.

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)

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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.