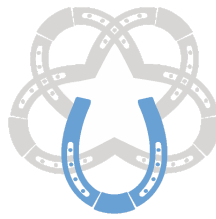


Our Location:
5098 US HWY 377
Krugerville, Texas 76227

Our Mailing Address:
120 Stanley Drive #228
Aubrey, Texas 76227



BLUE SKY

Therapeutic Riding & Respite

Amy Gayhart
Board President
469-450-9594

Kristen Kromer
Board Secretary
940-3671888

Thank you for your interest in volunteering at Blue Sky!! If you have any questions, please feel free to contact our volunteer coordinator:

Jennifer Mathis (469) 682-9723 or email jen@blueskytexas.org

Visit our website: www.blueskytexas.org

Volunteer/ Staff Information Form and Health History

General Information Email Address: _____

Name: _____

Date of Birth: _____ Phone Number: _____

Employer/School: _____

Parent/Legal Guardian/Caregiver Name/ Phone Number: _____

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 and or Medications:

Consult your physician or local health department if you are not up to date with these test or vaccines (Recent medical test, Tetanus shot, and Tuberculosis Test)

List in order your preference of program (s) you would like to volunteer with.

Horse Program, PURPOSE Program or Special Events

1. _____

2. _____

3. _____

Days & Times available _____

I understand 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: _____

Photo Release

I DO DO NOT consent to and authorize the use and reproduction by _____ 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? YES NO

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 ant convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon child 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 individuals groups, agency, organization or corporation.

Signature: _____ Date: _____

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: _____

RELEASE OF LIABILITY

Name of Volunteer/Staff/Client: _____

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 OT 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 considerations, I agree that 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 ant 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/Clients and Volunteers cannot participate in any activity at Blue Sky without this signed form.**