



Liberty Riders, Inc.

Special Needs Equestrian Center



Dedicated to providing dignity, freedom, and fun through equine pursuits

Volunteer Packet

Thank you for your interest in therapeutic horseback riding. Liberty Riders, Inc. is a therapeutic riding program designed to benefit the riders physically, socially, and emotionally. In order to assure the fullest possible protection and greater personal benefit from the program, each volunteer is required to furnish the following information before volunteering in the program.

In order to begin volunteering at Liberty Riders, Inc., complete the following:

- ✓ Completely fill out the volunteer packet included with this cover sheet
- ✓ Any questions or concerns please contact Liberty Riders, Inc. by:
 - Email: libertyridersinc@gmail.com
 - Phone: (810) 367-6471
- ✓ Mail or bring completed forms to:

Liberty Riders, Inc.
7103 Gratiot Rd.
St. Clair, MI 48079
- ✓ After receiving completed forms, a representative from Liberty Riders, Inc. will contact you regarding volunteer options. (Scheduling, Tasks, Fundraising, etc...)

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING WITH US!



LIBERTY RIDERS, INC.



VOLUNTEER'S GENERAL INFORMATION

NAME: _____ AGE: _____

ADDRESS: _____ City: _____ ZIP: _____

PHONE(S) #1: _____ #2: _____

EMAIL ADDRESS: _____

IN CASE OF EMERGENCY

CONTACT: _____ PHONE: _____

CONTACT: _____ PHONE: _____

How did you learn about us? Check all that apply:

- Mailing
 Newspaper
 Internet
 Referred
 Facebook
 Other: Explain _____

PLEASE CHECK ALL AREAS IN WHICH YOU WOULD BE INTERESTED IN HELPING OUR PROGRAM:

- | | | |
|---|---|--|
| <input type="checkbox"/> Riding Classes | <input type="checkbox"/> Special Events | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Tack/ Equipment Cleaning | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Barn/Grounds Maintenance | <input type="checkbox"/> Marketing | <input type="checkbox"/> Anything Else??!! |

YOUR EXPERIENCE:

Working with Special Needs Individuals? Yes or No – Explain: _____

Working with Horses? Yes or No – Explain: _____

AVAILABILITY - Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Week Days (Monday – Friday) | <input type="checkbox"/> Weekends <i>(No riding lessons)</i> (Saturday – Sunday) |
| <input type="checkbox"/> Morning (9:00 am – 12:00pm) | <input type="checkbox"/> Afternoon (12:00pm – 4:00pm) |
| <input type="checkbox"/> Evening (4:00pm – 8:00pm) | <input type="checkbox"/> Anytime |

CONSENT FOR EMERGENCY MEDICAL TREATMENT

VOLUNTEER'S NAME: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: _____

PHYSICIAN'S NAME: _____

PERSON AUTHORIZED TO GIVE TEMPORARY ASSISTANCE OF CARE IN THE ABSENCE OF PARENT/GUARDIAN:

NAME: _____

PHONE(S): _____ RELATIONSHIP: _____

PREFERRED MEDICAL FACILITY: _____

In case of medical emergency, the undersigned authorizes *Liberty Riders Inc.* to provide such medical assistance as they determine to be necessary. If the volunteer named above is younger than 18 years, the undersigned authorizes *Liberty Riders Inc.* acting through the adult on its staff who has actual care, control, and possession of the child to consent to medical, dental, and surgical treatment of the child when the undersigned cannot be contacted. The undersigned represents to *Liberty Riders Inc.* that he or she is the child's parent and either (i) is not divorced from the other parent, or (ii) is divorced from the other parent, but has been authorized by a written court order to give consent to medical and dental care and surgical treatment of the child. The undersigned will indemnify and hold *Liberty Riders Inc.* it's officers, members, employees, and agents harmless if he or she is not empowered by law to give this consent.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the child, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent form from the undersigned.

No person can be accepted for volunteering until this form has been completed by the parent/parents or guardian. If the person is of legal age (18), he or she may complete the form, if he or she is legally competent to do so. Any volunteering activities will be under supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any organization concerned with this instruction, including *Liberty Riders Inc.* in the event of any accident that may occur.

SIGNATURE OF PARENT/ GUARDIAN (UNDER THE AGE OF 18 YRS.) DATE: _____

SIGNATURE OF ADULT RIDER (OLDER THAN 18 YRS.) DATE: _____

INSURANCE CARRIER

POLICY NUMBER

PHOTOGRAPHY, VIDEO AND WEB PUBLISHING

Volunteers may be photographed or videotaped and their names published for non-profit use in various ways including, but not limited to: newsletter articles, community newspaper articles, videos, television broadcasts, lesson pictures, and *Liberty Riders, Inc.* web pages. If you do not want yourself or your child to have his/ her name, picture or video taken, please make your request in writing and return to Liberty Riders, Inc.

LIABILITY RELEASE

_____ (Volunteer's Name) would like to participate in the *Liberty Riders, Inc.* therapeutic riding program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to me/ my son/ my daughter/ my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against *Liberty Riders, Inc.*, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/ my son/ my daughter/ my ward may sustain while participating in *Liberty Riders, Inc.* riding program.

WARNING: Under the Michigan Equine Activity Liability Act, an equine professional is not liable for any injury to or death of a participant in an equine activity resulting from an inherent risk of the equine activity.

BY SIGNING BELOW, YOU ARE ACKNOWLEDGING, ACCEPTING, AND AGREEING TO ALL OF THE ABOVE RELEASES, LIABILITIES, AND CONDTIONS.

_____ Date: _____

Print Name of Volunteer or (Parent or Legal Guardian (if Under 18 Yrs.))

_____ Date: _____

Signature of Volunteer or (Parent or Legal Guardian (if Under 18 Yrs.))