

Annual review date and initials	Triple H Equitherapy Center and Adlers Nido Ranch 791 Backhaus Road - Pipe Creek, Texas 78063 Phone (830) 510-9515	Training type and date	HHH use	HHH use
	Registration and Release			

Volunteer ___ or Rider ___ or Rider's Parent ___ or Guardian ___ or Caregiver ___ or Visitor ___ or HHH Staff ___

Mr. Mrs. Ms Name: _____ Birth Date: _____
Last name First name Initial

Address: _____ City: _____, TX Zip: _____

Home phone: () _____ Work: () _____ Mobile/Cell: () _____

E-mail address: _____

If minor (under 18) or a dependent adult please provide the following information:

Parent/Guardian/Caregiver name: _____ Home or Cell: () _____

Address/City/State/Zip: _____
(if different from above)

Authorizations

Photo Release Horses Helping the Handicapped Inc., Adlers Nido Ranch or persons authorized by Horses Helping the Handicapped Inc. or Adlers Nido Ranch may use and reproduce any and all photographic, video, or other audiovisual materials taken of me/my child/my ward for promotional materials, educational activities, or for any other use for the benefit of the program.

I hereby ___ consent (___ do not consent).

Emergency Medical Authorization - This procedure will only be invoked if the emergency contact below is unable to be reached. In the event that emergency medical aid/treatment is required due to illness or injury to me/my ward/mychild, while being on the property or participating in Equine Assisted Activity and Therapy originating at 789 Backhaus Road, I authorize Horses Helping the Handicapped Inc., Adlers Nido Ranch, their directors, owners, instructors, aides, volunteers and employees to secure and retain medical treatment/transportation and to release medical information to appropriate medical personnel. This Authorization includes any treatment procedure deemed life saving by the physician including x-ray, surgery, hospitalization or medication.. *(If you do not consent, please provide written information on your desired procedures in case of illness or injury)*

I hereby ___ consent (___ do not consent).

Liability Release: I acknowledge the risks and potential risks of being around horses. 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 Horses Helping the Handicapped, Adlers Nido, their directors, owners, instructors, aides, volunteers and employees for any and all injuries, death or other losses I/my son/my daughter/my ward may sustain while participating in horseback riding, driving or other related activities originating at, or with horses boarded at, 789 Backhaus Road.

Signature _____ **Date:** _____

Adult participant or Parent/Guardian/ Caregiver

Emergency Contact Name: _____ **Relationship:** _____

Home phone: () _____ Work: () _____ Mobile/Cell: () _____

Alternate Contact Name: _____

Home phone: () _____ Work: () _____ Mobile/Cell: () _____

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.

Name: _____

Emergency Facility: Nearest medical facility is assumed if no information is entered.

Physician's Name: _____ Phone () _____

Preferred Medical Facility: _____ City: _____

Health Insurance Company: _____ Group ID or other identifying number: _____

Volunteers, and rider's Parents/Guardian/Caregiver please complete the following.

Please check the the following, if applicable.

_____ I am a Parent/Guardian/Caregiver and will be available when (name) _____ is riding.

_____ I will be volunteering with (name of school / organization) _____

_____ I can walk for 60 minutes and jog short distances (the length of an arena).

_____ I can hold my arm at shoulder height and support a modest weight (switching arms as needed).

_____ I have the following physical limitations: _____

_____ I have a medical condition that you should be aware of: _____

_____ I have owned 1 or more horses.

_____ I have experiece riding : Western _____ English _____

Please describe any experience with disabled individuals.

When will you be available for volunteering? You may add a time range or AM or PM

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____

Areas of interest

___ Sidewalker - Training sessions are held regularly

___ Horsehandler - Training sessions are held regularly. Sidewalker experience is a prerequisite.

___ Fund Raising or event planning

___ Event Planning

___ Publicity

___ Construction, list skill areas _____

___ Occasional office help (filing organizing or using Word or Excel).

___ Phone calling (can be done from home)

___ Other - please describe _____

Thanks from Triple H Equitherapy