



PO Box 293  
Oregon, IL 61061  
815-973-3177  
pegasusspecialriders.org

## Volunteer Forms Checklist

- Registration & Release
  
- Emergency Medical Release
  
- Photo Release



PO Box 293  
Oregon, IL 61061  
815-973-3177  
pegasusspecialriders.org

## Volunteer Registration & Release

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you ever been:

convicted of an offense involving the intentional infliction of physical injury upon a child, sexual abuse of a child, or child abduction under the laws of this state or any state? Y or N (circle one)

Do you use illegal drugs? Y or N (circle one)

Have you ever been convicted of a felony? Y or N (circle one)

I affirm, under penalty of perjury, that the answers to the above questions are truthful. Based on the information given and any/all background check detail, Pegasus Special Riders reserves the right to accept or deny volunteer applications of any individual.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned, am willing to volunteer my services for / participate in the Pegasus Special Riders (PSR) therapeutic horseback riding program. Riding instruction will be under strict supervision. Although every effort will be made to avoid accident, NO LIABILITY can be accepted by Pegasus Special Riders, any officer or member of PSR or any other organizations or individuals now or in the future associated with this program.

I understand that:

- the information that I have provided may be verified, and I give permission to PSR to make inquiry of others concerning my suitability to act as an PSR volunteer;
- in the course of participating in PSR, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- the relationship between PSR and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or PSR;
- I will notify PSR of all changes to the information provided on this original form. I affirm, under penalty of perjury, that I have read the above and that the information I have given is true and complete. No person can be accepted as a volunteer until this form has been completed and signed.

Signature of Volunteer (over 18): \_\_\_\_\_ Date: \_\_\_\_\_

**Adult Volunteer**

OR

Printed Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian of Minor Volunteer**



PO Box 293  
Oregon, IL 61061  
815-973-3177  
pegasusspecialriders.org

## Volunteer General & Equine Liability Release

I \_\_\_\_\_ (Volunteer Name) would like to participate in Pegasus Special Rider's programs. I acknowledge the risks and potential for risks of horseback riding and agree to assume all risks of personal injuries and damages regarding involvement in the program. However, I feel that the possible benefits to myself/my son/my daughter/ my ward are greater than the risk assumed. Therefore, in return for being permitted to participate and intending to be legally bound, for myself, my heirs and assigns, executors or Pegasus Special Riders, Inc. its Board of Directors, Property Owners, Sponsors, Instructors, Therapists, Aides, Volunteers, Visitors, Employees, Agents, or others on its behalf liable for any and all injuries and/or losses, I/my son/my daughter/my ward may sustain while participating in the Pegasus Special Rider's therapeutic horseback riding program and agree to indemnify them from all loss, expense, damages and costs they may incur by reason of any claim for damages brought against them. I have read, understand and agree to all the terms of this liability release and indemnity agreement.

***Under the Equine Activity Liability Act, each participant who engages in an equine or animal activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities. ~IL PWA-89-0111~***

Signature of Volunteer (over 18): \_\_\_\_\_ Date: \_\_\_\_\_

***Adult Volunteer***

OR

Printed Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***Parent or Guardian of Minor Volunteer***



PO Box 293  
Oregon, IL 61061  
815-973-3177  
pegasusspecialriders.org

## Authorization for Emergency Medical Treatment Form

Participant       Staff       Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Ins Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications (include dosage): \_\_\_\_\_

Medical Conditions/Special Accommodations Needed: \_\_\_\_\_

I have supplied the information requested above to the best of my knowledge and ability. The above information is up to date and current.

**Participant/Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while on the property of the agency, I authorize Pegasus Special Riders to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment

### Consent Plan:

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Client, Parent or Legal Guardian*

### Non-Consent Plan:

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency:

- Parent or legal guardian will always remain on site during equine assisted activities.
- In the event emergency treatment/aid is required, I wish the following procedure to take place.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Client, Parent or Legal Guardian*



PO Box 293  
Oregon, IL 61061  
815-973-3177  
pegasusspecialriders.org

## Photo Release

Please print the names below for clients, caregivers, spouses, guardians, and minor children who may accompany the client to the farm. Circle "Do" or "Do Not" to grant consent/non-consent.

Client's Name: \_\_\_\_\_ DO or DO NOT

Caregivers/Guardians/Minor children: \_\_\_\_\_ DO or DO NOT

---

hereby grant irrevocable and unlimited consent to the use and reproduction by Pegasus Special Riders Inc., its assigns, licensees and legal representatives, of all photographs and any other audio/visual materials taken of me, my child or my ward, in all forms and media (including but not limited to printed media, digital media, web sites, video and audio productions). The materials may be reproduced in all forms including composite, altered or derivative works, for promotional material, educational activities, exhibitions or for any other lawful use for the benefit of the program.

I hereby waive the right to inspect and approve the finished version(s) including any copy that may accompany the materials. I hereby release Pegasus Special Riders, and its employees, volunteers, assigns, licensees and legal representatives from all claims and liability relating to said materials. I sign this release as a person with, or the parent or guardian of a person with special needs, understanding that use of these materials will make them available to the public.

**I have read and understand the above release, am over 18 and have the capacity to sign this release of my own free will.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR:**

**I am the parent/spouse/guardian of the client named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_