

Dear Potential Volunteer:

Thank you so much for your interest in volunteering for Southern Delaware Therapeutic & Recreational Horseback Riding, Inc. (SDTRHR). SDTRHR has been providing equine-assisted therapy to disabled children and adults for 20 years!

SDTRHR is presently operating out of Kershaw Acres in Milton, DE. We have two NARHA-certified instructors and three therapy horses. We serve an average of 20 riders/participants per week.

At this time, our need for volunteers includes the following:

- Ø Horse Leaders on Saturday mornings and some weekday afternoons.
- Ø Side Walkers on Saturday mornings and some weekday afternoons.
- Ø Fundraising Events-Mailings, Registration, Set-up.
- Ø Assistance with Fundraising Efforts
- Ø Administrative Duties
- Ø Board Member

Attached please find: SDTRHR brochure, volunteer application, volunteer handbook and liability release. Once you have completed the application and signed the release, please contact SDTRHR at (302) 644-1920 and we will discuss the process moving forward.

Again, thank you for your interest in assisting SDTRHR!

SDTRHR Volunteer Application

Volunteer Information	
Name:	_____
Address:	_____
Phone:	_____ Cell: _____
Email:	_____

Age
<input type="checkbox"/> 13 and below
<input type="checkbox"/> 14+

Volunteer Interests	
<input type="checkbox"/> Horse Leader:	
<u>Days and Times Available:</u>	

<input type="checkbox"/> Side Walker:	
<u>Days and Times Available:</u>	

<input type="checkbox"/> Grooming/Tacking	
<input type="checkbox"/> Administrative Support (interests)	_____
<input type="checkbox"/> Grant Writing	
<input type="checkbox"/> Special Events/Fund Raisers	_____
<input type="checkbox"/> Other	_____

References

Please list two character references (non-family).

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Information

Volunteer's Name: _____ Date of Birth: _____

Home Address: _____

Phone Number: _____ Alternate Number: _____

Physician's Name: _____ Physician's Phone: _____

Preferred Medical Facility: _____

Insurance Company: _____ Policy Number: _____

Describe any medical condition requiring special precautions or treatment and any medications and dosages:

Volunteer Questionnaire

Have you ever been charged with neglect, abuse or assault?

- No
- Yes If yes, please explain _____

Photo Release

I consent to and authorize the use and reproduction by Southern Delaware Therapeutic & Recreational Horseback Riding, Inc. of any and all photographs and other audiovisual material taken of me for promotional printed materials, educational activities, exhibitions, or for any other use of the program.

Signature: _____ Date: _____
Volunteer or Parent/Guardian if the volunteer is 17 years old or younger)

Affirmation

I understand that:

- 1) I authorize SDTRHR to contact the listed references.
- 2) In the course of volunteering for SDTRHR, I may be dealing with confidential information about SDTRHR riders/participants' medical information and I agree to keep said information in the strictest confidence.
- 3) The relationship between SDTRHR and volunteers is an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or SDTRHR.
- 4) I grant SDTRHR permission to use my likeness, voice and words in television, radio, film or in any form to promote the activities of SDTRHR.
- 5) I am responsible for informing SDTRHR of ALL changes regarding information contained in this application.
- 6) In case of medial emergency, the undersigned authorizes SDTRHR to provide such medical assistance as they determine necessary.

I affirm that I have read and understand this application and that the information given is true and complete. I also understand that in the event false information is provided, I may be terminated from my volunteer position.

Signature: _____ Date: _____

LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT
PLEASE READ CAREFULLY BEFORE SIGNING
SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION
IN THIS ACTIVITY.

A. REGISTRATION OF VOLUNTEER AND AGREEMENT PURPOSE AND CONSIDERATION-In consideration of my participation as a volunteer for SDTRHR and the signing of this agreement, I, the following listed individual and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in activities and events for SDTRHR. This agreement shall be legally binding upon the PARTICIPANT and the parent or legal guardians thereof if a minor, my heirs, estate, assigns, including minor children and personal representatives. It shall be interpreted according to the laws of the state and country of SDTRHR's physical location. Any disputes by the rider shall be litigated in and venue shall be in the county in which SDTRHR is located.

B. INFORMATION ABOUT VOLUNTEER:

Name: _____ D.O.B. _____ Age: _____

Address: _____

C. DEFINITIONS-The term "SDTRHR" shall herein refer to Southern Delaware Therapeutic and Recreational Horseback Riding, Inc. its' Board of Directors, Instructors, volunteers and employees. The term "HORSEBACK RIDING" or RIDING shall herein refer to riding or otherwise handling of horses whether from the ground or mounted. The term "HORSE" shall herein refer to all equine species. The terms "PARTICIPANT" and/or "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The terms "I", "Me" "My", "Participant", and "Rider" shall herein refer to the above volunteer and the parents or legal guardians thereof if a minor.

D. ACTIVITY RISK CLASSIFICATION, INHERENT RISKS AND NATURE OF THE HORSE WARNING-Horseback riding is classified as a RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY. There are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. According to NEISS (National Electronic Injury Surveillance Systems of United States Consumer Products), horse activities rank approximately 64th among the activities of people, relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities. NO HORSE IS A COMPLETELY SAFE HORSE. Horses are 5-15 times larger, 20 to 40 times more powerful and 3 to 4 times faster than a human is. If a rider falls from a horse to the ground, it will generally be at a distance of from 3 ½ to 5 ½ feet and the impact may result in injury or death to the rider. Horseback riding is the only sport

where one much smaller, weaker, predator animal, the human tries to control and become one unit of movement with another much larger, stronger prey animal, the horse, with each having a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and respond according to its natural survival instincts which may include but are not limited to: stopping short; changing directions or speed at will; shifting its weight side to side, bucking, rearing, biting, kicking or running from perceived danger.

- E. VOLUNTEER ACCEPTANCE OF RESPONSIBILITY-PARTICIPANT AGREES that he/she has in some way satisfied himself that the condition of the premises and the facilities will provide an adequate and reasonable level of safety for PARTICIPANT. THIS STABLE is not responsible for any property damage, injury or loss incurred by or as a result of any horse(s) on the premises to PARTICIPANT. PARTICIPANT IS AWARE OF THE RISKS AND DANGERS OF THIS ACTIVITY AND AGREES TO ACCEPT RESPONSIBILITY FOR ANY AND ALL INCIDENTS OCCURRING DURING THIS ACTIVITY.

- F. CONDITIONS OF NATURE-SDTRHR is not responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall or react in some other unsafe way. *SOME EXAMPLES ARE:* thunder, lightening, rain and wind. Wild and domestic animals, insects, reptiles which may walk, run, fly, near, bite or sting a horse or person; and irregular footing on indoor and out of door groomed or wild land which is subject to constant change in condition according to weather, temperature and changes in landscape.

- G. ACCIDENTAL/MEDICAL INSURANCE-Should emergency medical treatment be required, I and/or my own medical insurance company shall pay all such incurred expenses.

- H. LIABILITY RELEASE- In consideration of SDTRHR allowing my participation in this activity, under the terms set forth herein, I, the PARTICIPANT and the parent or guardian thereof if a minor, do agree to hold harmless and release, SDTRHR, its Board of Directors, instructors, agents, volunteers, employees, officers, members, affiliated organizations and insurers from legal liability due to SDTRHR's ordinary negligence. I do further agree that except in the event of SDTRHR's gross and willful negligence, I shall bring no claims, demands, actions, causes or action and/or litigation against SDTRHR and its associates as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by while riding, handling, or otherwise being near horses owned by or in the care, custody and control of SDTRHR on the property for any reasons.

- I. BREACH OF CONTRACT-Should either party breach this contract, the breaching party shall pay for the other's court costs and attorney fees related to such breach.

ALL RIDERS, PARENTS OR LEGAL GUARDIANS OR AUTHORIZED AGENTS FOR SUCH PARTIES MUST SIGN BELOW AFTER READING THIS ENTIRE DOCUMENT.

STATEMENT OF AWARENESS

I/We the undersigned, have read and do understand the foregoing agreement, warnings, assumption of risk and release agreement. I/WE further attest that all stated facts are true and accurate.

Volunteers under the age of 18 must have Parent/Guardian Signature

Volunteer (Print Name): _____ Date: _____

Volunteer Signature: _____ Date: _____

Parent/Guardian (Print Name): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____