



SWIFTSURE
RANCH
Horses Changing Lives

Volunteer Update Form and Health History

GENERAL INFORMATION

Volunteer Name: _____

DOB: _____ Age: _____ Height: _____ Gender: M F

Mailing Address: _____

Primary Phone: _____ Alt. Phone: _____ Email: _____

Employer/School: _____

Address: _____ Phone: _____

HEALTH HISTORY

Please provide us with an update on your current health status. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes in the past year.

Allergy changes: _____

Medication changes: _____

PHOTOGRAPHY / AUDIOVISUAL RELEASE

I DO DO NOT

Grant Swiftsure Ranch and Swiftsure Ranch Therapeutic Equestrian Center permission to take or have taken still or moving photographs or other audiovisual material and authorize the Swiftsure Ranch and Swiftsure Ranch Therapeutic Equestrian Center to reproduce said photographs and use them for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____
(Parent/guardian if participant is under 18)

BACKGROUND CHECK

I, _____ (*volunteer name*), authorize Swiftsure Ranch Therapeutic Equestrian Center 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 any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as a volunteer, and I expressly DO NOT authorize the Swiftsure Ranch Therapeutic Equestrian Center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency or organization or corporation.

Volunteer Signature: _____ Date: _____
(Parent/guardian if participant is under 18)

Current Driver's License? Y N License Number: _____ State: _____

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 lisa@swiftsureranch.org • www.swiftsureranch.org



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— RANCH —
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RELEASE OF LIABILITY

I, the undersigned, for myself and/or on behalf of my child warrant and agree that I will make no claim or file suit for any injury to person or property, or for any loss or destruction of any article of any kind or nature in connection with the participation of me and/or child at the Swiftsure Ranch and/or participation in the programs of the Swiftsure Ranch Therapeutic Equestrian Center. I understand that neither the Swiftsure Ranch nor Swiftsure Ranch Therapeutic Equestrian Center nor their respective officers, directors, employees, volunteers or agents accept any responsibility for accidents, damage, injury or illness to the riders, horses, members, sponsors, agents, spectators or any other person or property owner in connection with operation of the Swiftsure Ranch. As a condition of using the facilities of the Swiftsure Ranch and the programs of Swiftsure Ranch Therapeutic Equestrian Center, I hereby waive, on my own behalf and/or for my child, all claims arising out of any act or omission of the Swiftsure Ranch and/or Swiftsure Ranch Therapeutic Equestrian Center and their respective officers, directors, employees, volunteers and agents. I understand that there are inherent risks in any participation and those risks are assumed by me for myself and/or on behalf of my child. I fully understand that animals and conditions are unpredictable and that the risk of injury or death is inherent to the activity of equine-assisted activities and therapies. For myself and/or on behalf of the child, I fully assume the responsibility for the risk of injury or death caused by my and/or the child's contact with horses and horseback riding. I, and/or on behalf of the child, completely release Swiftsure Ranch and Swiftsure Ranch Therapeutic Equestrian Center and their respective officers, directors, employees, volunteers and agents from any and all liability for any and all injuries or death to either of me and/or to the child caused by my and/or child's contact with horses and/or horseback riding. Signing of this form binds me and/or my child to this hold harmless agreement.

This document shall be constructed under the laws of the State of Idaho.

Volunteer Name: _____

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(If participant is under 18)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Preferred medical facility: _____ Health insurance company: _____

Policy #: _____ Family physician: _____ Phone: _____

Other pertinent medical information about you in case of an emergency:

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Signature: _____ Date: _____

(Parent or guardian if participant is under 18)