



MORNING DOVE

THE THERAPEUTIC RIDING INC

PO Box 721, Zionsville, IN 46077
Telephone (317) 733-9393 Fax: 317-733-9353
E-mail: volunteercoordinator@mdtrc.org

VOLUNTEER INFORMATION

General Information

Name _____ Date _____

Date of Birth _____ Social Security Number _____

Home Phone _____ Cell Phone _____ Preferred: Home Cell

Address _____ City _____ Zip Code _____

Email Address _____ Employer/School: _____

Job title: _____

Parent (if under 18)/Legal Guardian/Caregiver name: _____

Address: _____

For office use only:

Barn Work: _____ Sidewalker: _____ Horse Leader: _____

Volunteer Orientation date: _____

Horse Leader Training date: _____

Comments:

Health Information

Do you have any physical limitations? _____ If so, specify _____

Last tetanus shot (date): _____ Tuberculosis test result (positive/negative): _____ Date: _____
(Consult your physician if are not up to date with these shots/tests)

Can you walk for 60 minutes and jog for short distances? _____

Can you hold your arm above shoulder height and support a modest weight for 10-15 minute intervals? _____

Health History: Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine-assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

Allergies: _____

Medications: _____

Background Information:

Have you ever been charged with or convicted of a crime? ____ Yes ____ No Please explain:

I, _____ (volunteer) authorize Morning Dove Therapeutic Riding, Inc. 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 Morning Dove Therapeutic Riding, Inc., its directors officers, employees and other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

<p>Signature: _____ Date: _____</p> <p>(Volunteer/parent/caregiver signature; must be signed in the presence of a Morning Dove staff member)</p>
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Current driver's license: Y N License Number: _____ State: _____

Experience:

Are you comfortable working or walking around horses / ponies? _____

Do you have experience with horses? _____ If so, how many years _____ Please describe:

Have you had any riding experience? _____ Please describe: _____

Do you have any other skills or training which may be of benefit to a therapeutic riding center?

Please check those areas in which you are interested (note: experience and training are required for certain positions; side walker and horse handlers must be at least 16 years of age):

Program:

- _____ Side walking with students
- _____ Horse Leader
- _____ Facility repair/maintenance
- _____ Barn work

Fundraising:

- _____ Help with fundraising events
- _____ Grant writing

Administrative:

- _____ Filing
- _____ Data base work
- _____ Website
- _____ Photography/videography

Other: Please describe: _____

The information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in Morning Dove's volunteer program.

Signature: _____	Date: _____
(Volunteer/parent/caregiver signature; must be signed in the presence of a Morning Dove staff member)	

Volunteer Handbook:

I have read and understand the content on the Volunteer Orientation Handbook v2017

Signature: _____	Date: _____
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EMERGENCY RELEASE

Physician's Name _____ **Physician's Phone** _____

Who can we call in the case of an emergency?

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Preferred Medical Facility:

In case of medical emergency, the undersigned authorizes Morning Dove Therapeutic Riding Inc. to provide such medical assistance as they determine to be necessary.

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

No person can be accepted for program participation 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. Riding instruction will be under strict supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned, including Morning Dove Therapeutic Riding Inc.

SIGNATURE OF PARTICIPANT IF OVER AGE 18

SIGNATURE OF PARENT / PARENTS OR GUARDIAN



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VOLUNTEER RELEASE AGREEMENT

I, _____, [OR, if volunteer is under 18 or not legally competent, then, I, the undersigned parent / parents and / or guardian / guardians on behalf of _____ a minor] for and in consideration of the agreement with Morning Dove Therapeutic Riding Inc. to provide volunteer opportunities to said volunteer, does / do hereby forever release, acquit, discharge and hold harmless Morning Dove Therapeutic Riding Inc., its officers, trustees, agents, employees, representatives, successors and assigns, for all manner of claims, demands and damages of every kind and nature whatsoever, which the undersigned or said participant may now, or in the future, have against Morning Dove Therapeutic Riding Inc. its officers, trustees, agents, employees, representatives, successors and assigns, on account of any personal injuries, physical or mental condition, known or unknown, to the person of said participant and the treatment therefore as a result of, or in anyway growing out of, the acts or omissions of Morning Dove Therapeutic Riding Inc., its officers, trustees, agents, employees, representatives, successors and assigns, including their own negligent acts or omissions, in rendering the services above described or in anyway incidental thereto. The undersigned acknowledges that Morning Dove Therapeutic Riding, Inc. is an equestrian professional under Indiana Code 34-31-5 and is immune from liability for certain acts and omissions described in the statute. The following notice is provided according to the statute:

WARNING

UNDER INDIANA LAW, 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.

In no way shall the immunity afforded in Indiana Code 34-31-5 limit the scope of this release.

I have read and understand this release.

Signature: _____ **Date:** _____
Print Name: _____
(Volunteer or Parent/Guardian if under 18 or not legally competent)
Witnessed: _____

PHOTO RELEASE FORM

For valuable consideration given and which is hereby acknowledged, the undersigned hereby **grant** _____ **does not grant** _____ to Morning Dove Therapeutic Riding Inc. (MDTRC) permission to take or have taken, still and moving photographs and films including television pictures of _____ and consents and authorizes MDTRC, its advertising agencies, news media, and any other persons interested in MDTRC, and its work, to the use and reproductions of the photographs, films, and pictures to circulate and publicize the same by all means including without limit, the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material. With regard to the foregoing material, no inducements or promises have been made to us / me to secure our / my signature(s) to this release other than the intention of MDTRC to use or be used such photographs, films and pictures for the primary purpose of promoting and aiding its program and its work.

I have read and understand this release.

Signature: _____	Date: _____
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(Volunteer/parent/caregiver signature; must be signed in the presence of a Morning Dove staff member)

PROPERTY OWNER RELEASE AND WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

IN CONSIDERATION of being permitted to enter into property owned by Fortune Development, LLC and operated by Morning Dove Therapeutic Riding, Inc (hereinafter the "Farm") for any purpose, including but not limited to, horseback riding, other equine activities, observation, use of facilities or equipment, or participation in any way, the undersigned, for himself or herself and any personal representative, administrator, executor, heir, family member, successor and assign, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering will, inspect such premises and facilities. It is further warranted that such entry into the Farm for horseback riding, other equine activities, observation, participation or use of any facilities or equipment constitute an acknowledgement that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts same as being safe and reasonably suited for the purposes of such observation or use.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE FARM FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, HORSEBACK RIDING, OTHER EQUINE ACTIVITIES, OBSERVATION, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY WAY, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING.

1. THE UNDERSIGNED HEREBY ACKNOWLEDGES that horses may, without warning, kick, bite, balk, stomp, stumble, rear, bolt, fall down, and react to sudden movements, noise, light, vehicles, other animals or objects. Equestrian activities involve equipment that may break, fail or malfunction. Other riders may not control their animals, or ride within their ability, and cause a collision or other unpredictable consequences. Equestrian activities may be conducted in areas which are subject to constant change in condition according to weather, temperature, and natural and man-made changes in the landscape, including the riding ring, where objects are not marked and hazards may not be visible; where trails are not groomed, maintained or controlled; where weather is changeable, unpredictable and dangerous;

and where lightning, thunder, beehives, streams, creeks, fallen timber, wild animals and other hazards and dangers exist.

2. THE UNDERSIGNED HEREBY RELEASES, WAIVES DISCHARGES AND COVENANTS NOT TO SUE EITHER FORTUNE DEVELOPMENT, LLC OR MORNING DOVE THERAPEUTIC RIDING, INC., its trustees, directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his or her personal representatives, administrators, executors, heirs, family members, successors and assigns for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein. In the event that an attorney is engaged to enforce, construe, or defend any of the terms, conditions or claims or demands covered by this RELEASE AND WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, either with or without suit, the UNDERSIGNED agrees to pay all attorneys' fees and costs incurred by the releasees.
3. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Farm for any purpose, including, but not limited to, horseback riding, other equine activities, observation, use of facilities or equipment, or participation in any way, whether caused by the negligence of the releasees or otherwise.
4. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releasee or otherwise while in, about or upon the premises of the Farm and/or while using the premises for any purpose, including, but not limited to, horseback riding, other equine activities, observation, use of facilities or equipment, or participation in any way.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND HOLD HARMLESS AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

WARNING

Under Indiana Law, 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.

I HAVE READ THIS RELEASE (Volunteer 18 years of age or over):

Date _____ Signature of Rider/Guest: _____
Print Rider/Guest's Name: _____

Address: _____
Phone: _____ Email address: _____

I HAVE READ THIS RELEASE (Parent/Guardian if Volunteer is under 18 years of age or not legally competent)

Date _____ Signature of Parent/Guardian: _____
Print Parent/Guardian Name: _____
Print Name of Rider/Guest: _____

Address: _____
Phone: _____ Email address: _____