

Hooves for the Heart, LLC
PO Box 5344
Eagle, CO 81631
970.524.8724
Fax 970.524.4114

Volunteer Registration and Release Form

Please print clearly. All information is confidential.
Must be filled out annually.

Registration

Volunteer _____ DOB _____ Date _____

Mailing address _____

Email _____ Home phone: _____ Work phone: _____

Parents or Guardian if under 18: _____

Address/phone _____

In case of emergency contact: _____ Phone _____

Medical contact: _____ Phone _____

Liability Release

_____ (Client's name) would like to volunteer in the Hooves for the Heart, LLC program. I acknowledge the risks and potential for risks of horseback riding. 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 Hooves for the Heart, LLC, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/ or Employees for any and all injuries and/ or losses my I may sustain while volunteering in the Hooves for the Heart, LLC riding program. **Under Colorado law, an equine professional is not liable for an injury to or the death of a participant in equine related activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.**

Date: _____ Signature: _____

Volunteer

Date: _____ Signature: _____

Volunteer Guardian (if under 18)

Photo Release

I hereby consent to and authorize the use and reproduction by Hooves for the Heart, LLC of any and all photographs and any other audiovisual materials taken of me/ my child for promotional printed material, educational activities or for any other use for the benefit of the program.

Date: _____ Signature: _____

Authorization for Emergency Treatment

Please print clearly. All information is confidential.

Name _____ DOB _____ Sex _____

Mailing address _____

Phone number(s) _____

Emergency contacts _____

Physician _____ Phone _____

Medical Facility _____ Phone _____

Health Ins. Co _____ Policy Number _____

Allergies _____

Current Medications _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the program,

I authorize Hooves for the Heart, LLC 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 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) listed above is unable to be reached.

Date _____ Consent Signature _____

Volunteer (Signed in presence of Hooves for the Heart staff)

Non-consent Plan

I do not give my consent for emergency medical treatment for illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment is required, I wish the following:

Date _____ Consent Signature _____

Volunteer (Signed in presence of Hooves for the Heart staff)