



3777 Rector NE Rockford, MI 49341 Ph(616) 866-3066 Fax(616)863-6460 Email [equestcenter@aol.com](mailto:equestcenter@aol.com) [www.equestcenter.org](http://www.equestcenter.org)

**REGISTRATION (please print)**

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

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone numbers you want Equest to use to contact you for notification of:

Class Cancellation: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Special events: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ (for Equest information only)

If volunteer is a minor, name(s) of parent(s) or Guardian:

\_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*"I am interested in volunteering at Equest in the following area(s)"*

- |   |  |
|---|--|
| _____ volunteering during therapy classes | _____ cleaning stalls/barn maintenance |
| _____ Fundraisers/ Special events         | _____ Office assistance                |
| _____ Special renovation projects         | _____ Other _____                      |

Special talents, abilities to share: \_\_\_\_\_

\_\_\_\_\_

**PHOTO RELEASE**

- I  DO  
 DO NOT

consent to and authorize the use and reproduction by Equest Center of any and all photographs, videotape, audio tape and any other audio visual materials taken of me, or as applicable, my son, daughter or ward to promote or benefit the Equest Center or recreational horseback riding, forever waiving any compensation for such use.

Name: \_\_\_\_\_

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

Volunteer or if Minor, Parent or Guardian

---

**RELEASE OF LIABILITY** (please read carefully)

I \_\_\_\_\_ (volunteer's name) would like to volunteer (at no charge) to assist one or more therapeutic horseback riding clients or classes conducted by THE EQUEST CENTER FOR THERAPEUTIC RIDING, INC. (EQUEST CENTER), a Michigan non-profit corporation. In connection with such assistance, I understand that I will be working around horses and there may be times when I ride a horse. I acknowledge that horseback riding is, by its very nature, a risk activity. Horses can behave unpredictably without warning and can cause injury, harm or death to persons around them. For example, a loud noise, sudden movement or unfamiliar person or animal can cause a horse to be frightened. If I am around a horse in this condition, the horse could behave unpredictably and I could become injured.

**MINDFUL OF THIS RISK, I NEVERTHELESS BELIEVE THAT THE BENEFITS OF BEING A VOLUNTEER AT THE EQUEST CENTER TO MYSELF, MY CHILD OR WARD IS OF VALUE.**

Accordingly, in consideration of being on the premises of the Equest Center, being near horses at the Equest Center, and allowed to volunteer at Equest Center, and intending to be legally bound, I agree:

1. On behalf of myself, my heirs, representatives and assigns and, as applicable, my ward or my minor child, I hereby release and discharge the Equest Center; including its officers, directors, employees, agents, instructors, contractors all lawsuits, actions, damages, claims and liability whatsoever. Including death, and property damage or loss, which arise from or are in any way related to engaging in volunteer activity at the Equest Center, including, but not limited to assisting therapeutic riding clients.
2. I further agree that this release and discharge of liability applies regardless of the legal cause of action on which my claim is based, including contract, strict liability, negligence, tort, or an alleged violation of the Michigan Equine Liability Act (PA 1994 No.351). I intend that my release and discharge includes all claims for damages resulting from the negligent act or omission of the Equest Center, including its officers, directors, employees, agents, instructors, contractors, riders and other volunteers, excepting only the sole gross negligence or sole willful and wanton misconduct of these parties.
3. I agree that this release of liability shall be governed by Michigan law and I acknowledge that the release exceeds the provisions of the Michigan Equine Liability Act because I am releasing the Equest Center and its related parties for all damages, liability and causes of action, except only those for sole gross negligence or sole willful and wanton misconduct. **WARNING: I UNDERSTAND THAT UNDER THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY.**
4. I have read and understand this release of liability. I hereby sign this release freely, knowingly and without coercion by anyone.

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

\_\_\_\_\_  
Signature of Volunteer, or if a minor, his/her parent or guardian.

\_\_\_\_\_  
Printed name of volunteer or if a minor, his/her parent or guardian.



# AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

3777 Rector NE Rockford, MI 49341 Ph(616) 866-3066 Fax(616)863-6460 Email [equestcenter@aol.com](mailto:equestcenter@aol.com) [www.equestcenter.org](http://www.equestcenter.org)

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 agency, I authorize Equest Center Staff to:

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

Your name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

OR if unavailable, contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy#: \_\_\_\_\_

## Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedures deemed "life saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

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

Client, Parent, or Guardian

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

## Non-Consent Plan

I do not give my consent to 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. In the event of emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_  
\_\_\_\_\_

Non-consent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Client, Parent or Guardian

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



## The Equest Center for Therapeutic Riding Code of Conduct & Discharge Policy

### Confidentiality Policy

The Equest Center recognizes that all clients receiving services are entitled to do so with the expectation that information about them will be treated with due respect and confidentiality. All client information is considered confidential. The Equest center, to the extent provided by law, assumes responsibility for safeguarding each client's right to confidentiality and is responsible for all collection, storage, disclosure and destruction of confidential records.

### Code of Conduct

The Equest Center recognizes that the primary interest of Equest volunteers/employees is the provision of safe, quality services and activities to participants in our programs. To that end this policy has been written to provide an understanding of appropriate conduct and to provide consistency in the administration of our agency.

On rare occasions, the conduct of a volunteer or employee may be such that it disrupts the orderly operations of the program, the maintenance of a positive program environment, or the interests and safety of staff, volunteers, participants, and horses. In recognition of the responsibility inherent in the delivery of services provided by the Equest Center for Therapeutic Riding, Inc., the Equest Center asks all volunteers and employees to respect the rights, dignity and well being of all individuals. Equest volunteers and employees also respect the integrity and well being of program and facility horses and animals.

**The following conduct or behaviors constitute a breach of this code and if evidenced may result in discharge from the Equest Center program:**

- *Working under the influence or use of alcohol during the program.*
- *Being in possession of, distributing, selling, using or working under the influence of illegal drugs during the program, or while operating Equest Center owned vehicles or equipment.*
- *Engaging in negligent or improper conduct leading to damage of Equest owned, facility owned, or program participant owned property.*
- *Violation of safety, dress or health rules.*
- *Engaging in sexual or unlawful harassment.*
- *Exhibiting excessive absenteeism.*
- *Insubordination or verbally, emotionally or physically abusing program participants and/or family, or other personnel.*
- *Verbally, emotionally or physically abusing program or facility horses and animals. (over)*
- *Engaging in dishonest behavior or theft.*
- *Engaging in disorderly conduct.*
- *Disclosing confidential information.*



**The Equest Center  
Employee/Volunteer Statement of Confidentiality**

I, \_\_\_\_\_, as an employee or volunteer assisting in the Equest Center Therapeutic Riding Program, indicate by my signature below that I have read and fully understand the Equest Center policy on Confidentiality.

I recognize and respect the right to privacy of all individuals who receive Equest Center services. I further commit to safeguarding all written material, which is considered to be confidential information by the Equest Center. I will take the appropriate measures to secure all written material from access by unauthorized individuals. I will not discuss service information in places where unauthorized people will likely hear that discussion.

I accept my obligation to comply with the terms of this Statement.

Volunteer's Printed Name \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian signature if volunteer is minor \_\_\_\_\_

**The Equest Center  
Employee/Volunteer Statement of Responsibility**

I, \_\_\_\_\_, as an employee or volunteer assisting in the Equest Center Therapeutic Riding Program, indicate by my signature below that I have read the and fully understand the role and responsibilities of an Equest Center employee/volunteer and understand and comply with the Equest Center code of conduct.

Volunteer's Printed Name \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian signature if volunteer is minor \_\_\_\_\_



Many businesses and organizations will allow Non-Profit Organizations such as Equest Center to apply for specific grant monies if we serve an employee or a family member of an employee in our program, or if an individual is involved with Equest Center on a volunteer basis.

We would be most appreciative if you would share your connections in the community. It could have a major impact on our center. Thank You.

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

Name: \_\_\_\_\_ Rider? or Volunteer? (circle one)

Phone numbers Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ other \_\_\_\_\_

Name (s) of parent(s), Grandparents, Guardian or other links to community:

Name

(Linked to) business/organization

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____