



Saving Grace Therapeutic Programs

725 Jackson Road
Salisbury, NC 28146
(704) 209-6577
www.savinggracefarm.com



Volunteer/Staff Information Form and Health History

GENERAL INFORMATION

Name: _____ Date: _____

Address: _____

Email: _____ (we send only important information)

Date of Birth: _____ Phone: (H) _____ (C) _____

Employer/School: _____

Address: _____

Parent/Legal Guardian Name and Address: _____

How did you learn about the program? _____

Recent medical tests: Last Tetanus Shot: _____ Tuberculosis Test + -- Date: _____

(Consult your physician or local health department if you are not up to date with these shots/tests)

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: _____

Check which areas you are interested in:

- | | | |
|--|--|---|
| <input type="checkbox"/> Horse Care | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Future Planning |
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> Budget & Finance | <input type="checkbox"/> Facility Repairs |
| <input type="checkbox"/> Photography/Video | <input type="checkbox"/> Volunteer Recruitment | |
| <input type="checkbox"/> Sidewalking w/rider | <input type="checkbox"/> Barn Help/Care | |

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____

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Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Photo Release

I DO

DO NOT

consent to and authorize the use and reproduction by **Saving Grace Therapeutic Programs** of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the center. I understand that if I do consent, my pictures will only be used in a respectful manner and only by the center named above.

Signature: _____ Date: _____

Background Information

Have you ever been charged with or convicted of a crime? Y N; please explain _____

I, _____ (volunteer/staff), authorize Saving Grace Farm 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 an employee/volunteer, and that I expressly DO NOT authorize the PATH Intl. center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

(volunteer/staff)

CURRENT DRIVER'S LICENSE? Y N LICENSE NUMBER _____ STATE _____

*****Confidentiality Agreement*****

I understand that all information (written and verbal) about participants at this PATH Intl. center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____

(volunteer/staff)

In the case of an emergency we will contact emergency personnel. Please provide information needed:

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____



Liability Release Form

VOLUNTEER NAME: _____ AGE: _____

Address: _____ City: _____ State: _____ Zip: _____

PLEASE READ CAREFULLY BEFORE SIGNING

- A. I UNDERSTAND THAT Saving Grace Therapeutic Programs (SGTR), also known as Saving Grace Farm, Inc. is in an outdoor location in nature with various hazards including, but not limited to: ditches, steep inclines, animals, insects, poison oak/ivy, snakes, etc. and that there are inherent risks always present in such a location. Knowing these risks, I will be responsible for myself, my children and our own safety.
- B. I UNDERSTAND THAT horseback riding and horse activities are classified as a rugged recreational sport activity, and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. I further understand that no horse is completely predictable, and that even well trained horses can become frightened and spook, may divert from its training and act according to its natural survival instincts which may include, but are not limited to: sudden stopping, stopping short, changing directions or speed at will, shifting its weight, bucking, rearing, kicking, biting, or running from danger.
- C. I UNDERSTAND THAT SGTR 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, lightning, rain, wind, water, wild or domestic animals, insects, and reptiles.
- D. I UNDERSTAND THAT participants must not carry loose items around horses which may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. Some examples are cameras, hats not securely fastened under chin, toys. Riders should not make sharp, loud noises, such as screaming or yelling, which may scare a horse.
- E. I AGREE THAT should emergency medical treatment be required, I and/or my own accidental/medical insurance company **shall pay for all** such incurred expenses. My accidental/medical insurance company is _____.
- F. I UNDERSTAND THAT all riders must wear protective headgear.
- G. **I AGREE THAT** pursuant to the General Statutes of North Carolina, Chapter 99E, Special Liability Provisions, Article 1, Equine Liability Activity Liability, and under the terms set forth herein, I, the participant (or parent if under 18), and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge SGTR, their owners, agents, employees, volunteers, officers, directors and all others acting on their behalf, of and, from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to SGTR's and their associates ordinary negligence, and I do further agree that except in the event of SGTR's gross negligence and willful and wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against this stable and its associates as stated above in this clause, or any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and /or my minor child and/or legal ward in relation to the premises and operations of this control of SGTR, whether on or off the premises of this stable.

WARNING

Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.

I/WE, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE , AND ASSUMPTION OF RISK.

Signature of VOLUNTEER if over 18 (Parent/Guardian if under 18)

Date

Home Phone	Business Phone	Mobile Phone	Email address
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