

Throwaway Ponies Youth Volunteer Application

Name: _____ Nickname _____ Age _____

Address: _____

Street

City

Zip

Home Phone: _____ Your cell _____

Mother's Name: _____ Cell _____

Father's Name: _____ Cell _____

Email: _____

Yours

Parent

Grade _____ School _____ Do you take direction well? _____

What are your hobbies? _____

Are you in any clubs or church groups? _____ Which ones? _____

Are you physically active? _____ Have you ever taken riding lessons? _____ How long? _____

Do you have any pets? _____ Do you take care of them or do your parents? _____

What is your experience with animals? _____

What is your experience with horses? _____

What do you want to do at Throwaway Ponies? _____

Have you even been mean to an animal? _____ Have you even been mean to people? _____

What is your experience in working with younger children? _____

Both parents and you must sign the release of liability form and a confidentiality form for you to work at Throwaway Ponies and/or to take riding lessons.

I agree to follow all the rules at Throwaway Ponies by being kind to the animals and the people there.

Signature

Date

CONSENT FOR EMERGENCY MEDICAL CARE
Throwaway Ponies

In the event of an emergency when a parent/guardian is not present a reasonable attempt to reach the parent/guardian will be made, but the care of the child is our major concern and 911 will be called if necessary with or without the parent's presence.

Emergency medical care may be given to my child, _____, in the event I cannot be reached if it is deemed the care must be given in a life threatening situation or in a situation in which the physician feels it is in the best interest of the child's welfare to perform such care to prevent further medical damage.

Child's Name: _____ Date of Birth: _____

Allergies: _____

Medications: _____

Diagnosis: _____

Physician: _____ Phone: _____

Mother: _____

Name Cell Phone Work Phone Home Phone

Address: _____

Signature: _____ Date: _____ Witness: _____

Father: _____

Name Cell Phone Work Phone Home Phone

Address: _____

Signature: _____ Date: _____ Witness: _____

Legal Guardian: _____

Name Cell Phone Work Phone Home Phone

Address: _____

Signature: _____ Date: _____ Witness: _____

**ACKNOWLEDGEMENT OF RISK
ACCEPTANCE OF RESPONSIBILITY AND RELEASE OF LIABILITY**

Read it in its entirety. Fill in the blanks, sign and date at bottom. Fill out one release form per participant.

I, the undersigned, hereby acknowledge that I have voluntarily applied to engage in equine activity with Karen Bander, RN and/or Throwaway Ponies.

I understand that any activity involving horses involves numerous risks, including loss of control, collisions and obstacles, whether they are obvious or not obvious. I and/or my family further understand that an animal, irrespective of its training and usual past behavior and characteristics, may act or react unexpectedly or unpredictably at times, and I also assume such risks.

I understand that I may encounter variation in terrain, which may result in injury or damages. I acknowledge that these are my responsibility, and I assume the risk for these hazards, including breaks, growth, debris, rocks, cliffs and other hazardous surface or subsurface conditions and obstacles, whether they are obvious or not obvious, man made or natural.

I understand that animals are unpredictable and that the risk of injury is inherent to the activity. I agree to assume all risk of injury or death caused by horseback riding and being around equines, whatever the cause, except as provided by law.

As consideration for being permitted by Karen Bander to engage in equine activities either on the ground or horseback riding, I do hereby waive any claim and release Karen Bander and/or Throwaway Ponies and all owners, officers, members, affiliated organizations, land owners, agents, volunteers and or employees from any injury or death caused by or resulting from my participation in the activity of horseback riding or any activity related to the care of equines.

I will not hold Karen Bander, Steven G. Bander, D.O. and/or Steven G. Bander, D.O.,P.A. (dba Bander Family Medical Clinic) or Throwaway Ponies liable for any injury or accident while on the property at 2368 E. FM 552, Rockwall, TX 75087 or while riding under the supervision of Karen Bander or any Throwaway Ponies instructors at any other facility or outdoor area or while on any horses owned by Karen or Mary Bander or Throwaway Ponies. This contract shall be legally binding upon my estate, assigns, legal guardians, my personal representatives, and me.

I have carefully read this agreement and fully understand the concerns. I am aware that I am releasing certain legal rights that I otherwise may have, and I enter into the contract on behalf of myself and/or my family of my own free will.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN OR INITIAL THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

If under 18 years of age, signature of parent or guardian is required.

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

Printed Name of Participant: _____ D.O.B. _____ Age: _____

Signature of Participant: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____
Parent or Guardian if under age 18 (Both parents must sign)

Printed Name of Parent or Guardian: _____ Relationship _____

Address: _____ City _____ Zip: _____

Cell Phone: _____ Home Phone: _____

E-mail: _____

Photo Release

I hereby grant **Throwaway Ponies, a 501(c)(3) organization**, permission to use my likeness in photograph or video (materials) in any and all of its publications, including website, without payment or any other consideration. I understand and agree that these materials will become the property of **Throwaway Ponies**. I hereby irrevocably authorize **Throwaway Ponies** to edit, alter, copy, exhibit, publish or distribute materials containing me or my likeness for purposes of publicizing **Throwaway Ponies'** programs or for any other lawful purpose. I waive the right to inspect or approve the finished material, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation related to the use of the materials. I hereby hold harmless and forever discharge **Throwaway Ponies** from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate may have by reason of this authorization.

I have read this release and I fully understand the contents and intent of this release.

(Signature)

(Printed Name)

(Date)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows: I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian Signature)

(Parent/Guardian Printed Name)

(Date)