



**VOLUNTEER REGISTRATION FORM**

Bring to GREAT or mail to:

7141 Greenwood-Springridge Road  
Greenwood, LA 71033  
(318) 938-9166/ (318) 938-1181 fax

Date\_\_\_\_\_

Name\_\_\_\_\_ Birth Date\_\_\_\_\_

Address\_\_\_\_\_ City, State, Zip\_\_\_\_\_

Email\_\_\_\_\_ Cell Phone\_\_\_\_\_

Home Phone\_\_\_\_\_ Work Place\_\_\_\_\_ Work phone\_\_\_\_\_

If under age 18, Name of Parent/Guardian\_\_\_\_\_

Work place\_\_\_\_\_ Work Phone \_\_\_\_\_

In case of emergency, notify\_\_\_\_\_ Home Phone\_\_\_\_\_

Relationship\_\_\_\_\_ Work Phone\_\_\_\_\_

Address\_\_\_\_\_

Physician\_\_\_\_\_ Phone\_\_\_\_\_

Hospital and Town Preferred\_\_\_\_\_

Have you ever been convicted of a crime? Yes\_\_\_\_\_ No\_\_\_\_\_

If YES, GREAT has the right to run a background check. Sign below for consent to run background check

Name\_\_\_\_\_ Date\_\_\_\_\_

Do you have any special talents that you would like to share (i.e. sign language, artistic, computer skills)?  
\_\_\_\_\_

Have you had any experiences working with horses?  
\_\_\_\_\_

Have you had any experience working with people with disabilities?  
\_\_\_\_\_

In case of emergency, I give permission to Great Results Equine Assisted Therapies (GREAT) to secure medical treatment including x-ray, surgery, hospitalization and medication

\_\_\_\_\_  
Volunteer Signature or if under 18 years, Parent/Guardian Signature

\_\_\_\_\_  
Date

**CONFIDENTIALITY STATEMENT**

As a volunteer of Great Results Equine Assisted Therapies, Inc. (GREAT), I understand and agree that I must hold personal and medical information regarding staff, volunteers, students and families confidential. Any questions concerning a student of GREAT may be addressed to the Executive Director and/or Instructor.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
If under 18 years, Parent/Guardian Signature

\_\_\_\_\_  
Date

# Great Results Equine Assisted Therapies (GREAT)

## PHOTO RELEASE

The undersigned volunteer hereby grants to Great Results Equine Assisted Therapies (hereinafter referred to as GREAT) permission to take or have taken still and moving photographs and films including television pictures of volunteers, and consents and authorizes GREAT, its advertising agencies, news media and any other person interested in GREAT and its work to use and reproduce any and all photographs, and any other audio-visual materials taken of me and circulate and publicize the same by all means including, but not limited to, newspapers, television, media, brochures, pamphlets, instructional material, exhibits, books and clinical material or for any other use for the benefit of GREAT.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
If under 18 years, Parent/Guardian Signature

\_\_\_\_\_  
Date

## NON-CONSENT

I do not give my consent to Great Results Equine Assisted Therapies to take or have taken still and/or moving photographs and films including television pictures.

\_\_\_\_\_  
Signature of non-consent Volunteer, Parent or Guardian

\_\_\_\_\_  
Date

## VOLUNTEER LIABILITY RELEASE

**Initial** \_\_\_\_\_ As a volunteer at Great Results Equine Assisted Therapies, (hereinafter referred to as GREAT), I acknowledge the risks and potential for risks of a horseback riding program and that no liability can be accepted for accidents by any of the organizations concerned, including GREAT. I understand that I may be assisting with the instructional riding class of a GREAT student challenged with a disability and/or dysfunction. I am aware and understand that I may be working with teens participating in GREAT's Juvenile Intervention Programs including adjudicated and/or troubled teens. I understand that I may be working within and around the horses of GREAT; however, I feel that the possible benefits to myself and the students I work with are greater than the risk assumed. I, the undersigned volunteer, hereby, intending to be legally bound, for myself, my heir and assigns, executors or administrators, waive and forever release, acquit, discharge and hold harmless all claims for damages against GREAT, its Advisory Board, trustees, agents, instructors, therapists, employees, representatives, successors, assigns, volunteers, owners of the property on which GREAT operates, for any and all manner of claims demands and damages of every kind or nature whatsoever, which volunteer may now, or in the future have against GREAT, its Advisory Board, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of the property on which GREAT operates, successors or assigns on account of any personal injuries and/or personal damages known or unknown, or in anyway growing out of, the acts of GREAT, its Advisory Board, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of the property on which GREAT operates, successors or assigns.

**Initial** \_\_\_\_\_ **Under Louisiana Law, a farm animal activity sponsor or farm animal professional is not liable for an injury to the death of a participant in a farm animal activity resulting from the inherent risks of the farm animal activity, pursuant to R.S. 9:2795.1.**

**Initial** \_\_\_\_\_ I understand that if I am injured while performing normal GREAT activities (sidewalking, leading horses, grooming, tacking up, assisting at fundraisers or participating in volunteer training) I am covered by GREAT's insurance for medical expenses up to the policy's limit of 10,000.00 per person.

**Initial** \_\_\_\_\_ I understand that if a student is injured and brings suit against me as a volunteer, GREAT's insurance policy treats me as an additional insured and will defend me within the bounds of its policy.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
If under 18 years, Parent/Guardian Signature

\_\_\_\_\_  
Date

# Great Results Equine Assisted Therapies

## VOLUNTEER EMERGENCY MEDICAL FORM

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

If under age 18, Name of Parent/Guardian \_\_\_\_\_

Work Place \_\_\_\_\_ Work Phone \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Attending Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Health Insurance Company \_\_\_\_\_ Policy \_\_\_\_\_

Describe any medical condition requiring special precautions or treatment \_\_\_\_\_

List any medications and dosage \_\_\_\_\_

Please mark any condition that may prevent you from working a full hour or more in the arena:

High Blood Pressure \_\_\_\_\_ Allergies \_\_\_\_\_ Heart Conditions \_\_\_\_\_ Knee Injuries \_\_\_\_\_

Shoulder/Arm Weaknesses \_\_\_\_\_ Back Problems \_\_\_\_\_ Other \_\_\_\_\_

Please explain any condition marked \_\_\_\_\_

In case of medical emergency, the undersigned volunteer authorizes Great Results Equine Assisted Therapies to provide such emergency medical assistance as they determine to be necessary and proper.

In case of medical emergency, the undersigned volunteer authorizes Great Results Equine Assisted Therapies to secure medical/surgical treatment and/or hospitalization for the volunteer which they determine necessary or advisable, pending receipt of special consent from the undersigned from any licensed physician to provide including, but no limited to, anesthesia, x-ray, surgery, hospitalization and medication.

No person can be accepted for volunteer service until this form has been completed by the volunteer, or parent or guardian if the volunteer is under eighteen (18) years of age. Volunteer service will be under the supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned, including Great Results Equine Assisted Therapies. No person under the age of 14 will be allowed to work in the barn or with horses.

Yes, I would like to volunteer or have my son or daughter, or ward to volunteer. I understand that NO LIABILITY can be accepted by any organization concerned with this volunteer service, including Great Results Equine Assisted Therapies, Inc., in the event of any accident which may occur.

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

Date \_\_\_\_\_

If under 18 years, Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### NON-CONSENT

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of GREAT. In the event emergency treatment/aid is required, I wish the following procedures to take place; \_\_\_\_\_

Non-Consent Signature of Volunteer/Parent/Guardian \_\_\_\_\_

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

Date \_\_\_\_\_

Address \_\_\_\_\_

## GREAT RESULTS EQUINE ASSISTED THERAPIES

IT IS NECESSARY FOR **GREAT's** VISION, GROWTH, DAILY ACTIVITIES AND SAFETY THAT EVERYONE IS INFORMED OF OUR PROGRAMS AND RULES. PLEASE READ THE FOLLOWING AND IF YOU HAVE ANY QUESTIONS CALL **GREAT'S** OFFICE AT 318-938-9166. AFTER READING, PLEASE SIGN AND DATE ON THE LINES INDICATED AND RETURN THE COMPLETED FORM TO **GREAT'S** OFFICE. EACH VOLUNTEER, STUDENT, PARENT OR GUARDIAN MUST HAVE THIS ON FILE TO PARTICIPATE. IF A STUDENT OR VOLUNTEER IS UNDER THE AGE OF EIGHTEEN (18), A PARENT OR GUARDIAN MUST SIGN THIS FORM. THANK YOU FOR WORKING WITH US, HELPING TO MAKE **GREAT** A SAFE, ENJOYABLE FACILITY.

### HIGHLIGHTED GENERAL RULES:

1. No smoking or gum allowed on grounds.
2. Only volunteers and students are allowed past the entrance to the barn, unless otherwise indicated by an instructor.
3. Students are not allowed in the barn unless an instructor is monitoring the situation. Students may be in the barn as a volunteer without constant monitoring of an instructor. Students participating in both roles must also have a Volunteer Application Form signed.
4. Ask an instructor prior to taking any pictures or video-taping. Confidentiality is foremost and some students and young volunteers may not have their pictures taken.
5. No pets allowed. If a family needs to have their pet with them due to travel, the dog is to remain in the car or ask permission for the pet to be out on a leash.
6. Siblings must be monitored by a parent or a designated adult at all times
7. All cell phones are to be turned off while riding and/or left in the office.
8. No one is allowed to climb or play on the mounting ramps or mounting blocks.

### GREAT's GENERAL POLICIES

1. All volunteers must be fourteen (14) years of age or older. **STUDENTS** may participate in various volunteer's duties only when these duties are outlined in their class plan.
2. A **GREAT** volunteer must sign a volunteer registration form which includes general information, a photo release, confidentiality statement, liability release, and an emergency medical form.
3. **GREAT** is a "Farm Animal Activity Sponsor" within the meaning of the Louisiana Revised Statute Section 9:2795.1, which provides:

UNDER LOUISIANA LAW, A FARM ANIMAL ACTIVITY SPONSOR OR FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES, PURSUANT TO R.S. 9:2795.1.

I HAVE READ AND UNDERSTAND WHAT IS WRITTEN AND AGREE TO FOLLOW **GREAT's** POLICIES AND RULES. I UNDERSTAND AND AM AWARE OF THE LOUISIANA EQUINE LIABILITY ACT. I UNDERSTAND AND AM AWARE OF THE VARIOUS POPULATIONS SERVED BY **GREAT**.

\_\_\_\_\_  
SIGNATURE OF VOLUNTEER, STUDENT, PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF VOLUNTEER, STUDENT, PARENT OR GUARDIAN

If the volunteer or student is under the age of eighteen (18), a parent or guardian must sign and date for the minor.