

*Dream Catcher of Los Angeles*  
*Therapeutic Riding Centers*

**Volunteer Information Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip \_\_\_\_\_  
Employer/School: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Work/School Address: \_\_\_\_\_  
Grade Attending (if applicable) \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent/Guardian Name and Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

How Did You Learn About Dream Catcher? \_\_\_\_\_  
\_\_\_\_\_

How many hours a week do you want to volunteer? \_\_\_\_\_  
Do you have experience with horses? \_\_\_\_\_

*Circle Areas In Which You Are Interested:*

<b>Program Volunteer</b>	<b>Competition</b>	<b>Administration</b>	
Leading a Horse	Horse Shows	Public Relations	Photo/Video
Side-walking	Away Horse Shows	Fund Raising	Budget/Finance
Stable Management.....	Ride A Thon	Newsletter	Future Planning
Ranch Improvements.....	Play Days	Volunteer Recruitment	Board of Directors
Other _____			

**Health History**

Please describe your current health status: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

## Authorization for Emergency Medical Treatment

Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell: Phone: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Hospital and Town: \_\_\_\_\_  
\_\_\_\_\_  
Health Insurance Co: \_\_\_\_\_ Policy # \_\_\_\_\_

In case of emergency, I give permission to Dream Catcher of L.A. Therapeutic Riding Centers to secure medical treatment including x-ray, surgery, hospitalization and medication.

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

## Non-Consent to Emergency Medical Treatment

I do not give consent for emergency medical treatment/aid in case of illness or injury.

In the event of an emergency, I wish the following to take place: \_\_\_\_\_

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

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

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

**Photo Release:** (*circle one*) I consent to and authorize / I do NOT consent to and authorize the use and reproduction by Dream Catcher of L.A. Therapeutic Riding Centers 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 program.

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

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

Start Date \_\_\_\_\_

Days \_\_\_\_\_

Time \_\_\_\_\_

# Dream Catcher of L.A. Therapeutic Riding Centers

## RELEASE AND WAIVER

FOR AND IN CONSIDERATION of Dream Catcher of L.A. Therapeutic Riding Centers. furnishing horses, equipment and instruction (herein referred to as “the activity”) and permitting \_\_\_\_\_ (name of participant) (herein referred to as “Participant”) to participate in the activity at Imperial Equestrian Center 5543 Leeds Street, South Gate California 90280, the undersigned individual, being of lawful age, or if the Participant is not of legal age, then Participant and Participant’s parent or legal guardian, Participant’s heirs, administrators, executors, successors and assigns, waive all discharge and hold harmless all participants, volunteers or instructors involved in the activity, and their respective directors, officers, shareholders, partners, owners, agents, employees, assured, and all other persons, firms, corporations, associations or partnerships associated herewith and their heirs, executors, administrators, successors and assigns, and each of them (collective “Releasees”) from all claims, demands, actions or causes of action arising out of any losses or injuries to his/her person or property, or both, which may result, be sustained, or be received by him/her as a result of Participant attending and participating in the activity.

Participant and, if applicable, Participant’s parent or legal guardian, understand that by signing this Release and Waiver, Participant and, if applicable, Participant’s parent or legal guardian covenant and agree that Participant, as well as assigns, will never institute any suit or action at law, or otherwise, against the Releasees, any other Participants, volunteers or instructors involved in the activity, or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, costs, loss of services, expenses or compensation for or on account of any damages, loss or injury either to Participant’s person or property, or both, which may result from the Participant’s attendance and participation in the activity, or travel or other activity associated herewith.

Participant and, if applicable, Participant’s parent or legal guardian, acknowledge that by attending the above mention activity, Participant and, if applicable, Participant’s parent or legal guardian, voluntarily assume(s) all risks and danger known or unknown, foreseen or unforeseen, attendant to Participant’s attendance and participation in the activity. The undersigned further declare(s) and represent(s) that no promise, inducement or agreement not herein expressed has been made to the undersigned to execute this Release and Waiver, and this Release and Waiver contains the entire agreement between the parties to this Release and Waiver.

The undersigned has/have read and fully understand(s) the foregoing Release and Waiver.

\_\_\_\_\_  
*Signature of Participant (if an adult)*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian if Participant is a minor*

\_\_\_\_\_  
*Date*