



TARLETON EQUINE ASSISTED THERAPEUTIC RIDING

Volunteer Packet

First of all, **THANK YOU** for your willingness to volunteer with our program! Because of you, we are able to help so many riders with special needs. The first thing we want you to know is, that without you, we could not do what we do, so again... **from the bottom of our hearts here at TREAT Riding, thank you.**

What you need to know before you come to volunteer:

I. Dress Code

- You must be dressed to work with and around horses this means you must be in jeans or breeches.
- No shorts, skirts, baggy pants, leggings, or workout pants
- No loose or low cut tops
- Absolutely NO sandals, open-toed, or crocs (or croc like) shoes
- Boots or sturdy shoes are recommended (athletic shoes are acceptable, because of the amount of walking you will be doing)

II. Volunteer Involvement

- You will primarily be responsible for sidewalking until further notice. this means you need to be comfortable with the following guidelines:
 - Horses in close proximity so that you can be close to the rider
 - Must be physically capable to handle the rider in case of an emergency, or capable of retrieving help if needed
 - Must be capable to endure long walks on trail terrain in the heat and cold
 - Must be able to communicate to the rider in a polite and pleasant way as well as the leader and other sidewalker as needed

III. Procedures to Respond to Rider's Fall from Equine

- In the case that a rider falls from the equine while participating at TREAT Riding, the following procedures should occur.
 - **Leader** – Take the horse away from the “scene” to protect the rider. Take the horse away regardless of his attitude (good or bad).
 - **Sidewalkers** – One attend to the rider immediately, the other should call for help (call 911 if necessary and retrieve a riding instructor).
 - If there is only one sidewalker, attend to the rider immediately and send the leader or someone near for help.
 - Be sure not to move the rider until the riding instructor directs you to do so. If seriously injured, moving could only hurt the rider more, so keep them safe but try not to move them unless completely necessary.

IV. Equine Center Regulations

- Park only in designated areas. Do not park or drive on the grass. Out of respect of the riders we serve, if you can park further away and walk, do so. Don't take the closet parking spot to the door.
- No pets allowed on the premises. This includes in the bed of pickups.

Partnering with the Horse to Change Lives

TREAT Riding • Box T-0070 • Tarleton State University • Stephenville, TX 76402

(254) 968-9847 | treat@tarleton.edu | tarleton.edu/TREAT



TARLETON EQUINE ASSISTED THERAPEUTIC RIDING

V. Policy for Dismissal of Volunteers and Guests

- Tarleton Equine Assisted Therapeutic Riding (TREAT) accepts and encourages the participation of and observation by volunteers and guests. It is the objective of TREAT staff to provide a safe environment for equine assisted activities. Volunteers and guests are expected to:
 - Follow the guidelines established in the student manual for safe handling of horses and equipment used for therapeutic activities
 - Use language and activities that are appropriate for use around small children
 - Refrain from excessive noise and activities that would distract the attention of participants, staff, volunteers, and horses from the safe conduct of equine assisted activities
 - Keep children under control at all times
 - Avoid the use of cell phones and pagers during equine assisted activities
 - Refrain from introducing personal horses, dogs, and other animals into the facility during equine assisted activities
 - Practice the safe and courteous use of automobiles, trucks, tractors, bicycles, and other equipment around the facility and around outdoor riding areas.

Failure to follow these guidelines will result in the dismissal of volunteers and/or guests from Tarleton Equine Assisted Therapeutic Riding activities.

Please complete the attached form and either turn it in before or bring it with you. If you have any questions or concerns, feel free to contact us.

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Tarleton Equine Assisted Therapeutic Riding Volunteer/Staff Form and Health History

GENERAL INFORMATION:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Phone: (H) _____ (M) _____

Employer/School: _____

Parent/Legal Guardian: _____ Phone: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

How did you learn about the program? _____

Recent medical test: 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: _____

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 the center's program.

Signature: _____ Date: _____

Volunteer/Staff, Parent or Legal Guardian

Check areas in which you are interested:

Program

- ☐ Horse handling
- ☐ Sidewalking
- ☐ Facility Maintenance

Special Events

- ☐ Local Events
- ☐ Travel Events
- ☐ Fundraising
- ☐ Special Olympics

Administration

- ☐ Board of Directors
- ☐ Grant Writing
- ☐ Newsletter
- ☐ Volunteer Recruitment
- ☐ Photography/Video
- ☐ Budget/Finance
- ☐ Future Planning
- ☐ Fundraising

PHOTO RELEASE:

I ☐ DO

☐ DO NOT

consent to and authorize the use and reproduction by Tarleton Equine Assisted Therapeutic Riding 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.

Signature: _____ **Date:** _____
Volunteer/Staff, Parent or Legal Guardian

BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime? **Yes** **No** Please explain _____

I, _____ (volunteer/staff), authorize **TREAT Riding** 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, Parent or Legal Guardian

CURRENT DRIVER'S LICENSE **Yes** **No** 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, Parent or Legal Guardian

TARLETON EQUINE ASSISTED THERAPEUTIC RIDING

Authorization for Emergency Medical Treatment Form

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

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: _____

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 **TREAT Riding** to:

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

PLEASE CHOOSE TO CONSENT OR NOT:

☐ **Consent Plan**

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

Consent Signature: _____ **Date:** _____

☐ **Non-Consent Plan**

This plan says you do not give consent for any 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.

- Parent or legal guardian will remain on site at all times during equine assisted activities
- In the event of emergency treatment/aid is required, I with the following procedure to take place:

Non-Consent Signature: _____ **Date:** _____

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

for

Tarleton Equine Assisted Therapeutic Riding

1. In consideration for receiving permission to participate in Tarleton Equine Assisted Therapeutic Riding, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE The Department of Animal Sciences, Tarleton State University, The Texas A&M University System, The State of Texas, their officers, agents, servants, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity is being conducted.
2. I am fully aware of the risks involved and hazards connected with this activity, including but not limited to travel risks and/or risks involved in working with animals and farm equipment. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, which may be sustained by me, or any loss or damage to property, owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. Tarleton State University recommends and encourages the use of ASTM/SEI certified helmets for all persons working with, or working in close contact with, horses and other livestock.
4. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.
5. I understand that Tarleton State University Equine Science Program and Tarleton Rodeo Association does not maintain any insurance policy covering any circumstance arising from my participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.
6. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Texas.
7. I am aware that under Texas law, Chapter 87 of the Civil Practice and Remedies Code, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities. I understand the implications of this law regarding my participation in equine activities.
8. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT that I have read the foregoing Waiver of liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, I have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

Signed on this _____ day of _____, 20_____.

VOLUNTEER/STAFF

Printed Name: _____ **Signature:** _____

If participant is under the age of 18, Parent/Guardian consents to the minor's participation in the event, consents for Tarleton State University to seek reasonable and necessary medical treatment for Participants during such event or associated activities, and agrees to be responsible for any cost of such treatment.

Parent/Guardian Signature

Date