



DO NOT FAX, MAIL OR DROP OFF THESE FORMS. BRING WITH YOU TO ORIENTATION. CALL 215-742-1501 TO MAKE AN APPOINTMENT.

Pegasus Riding Academy, Inc.

Therapeutic Riding Program

www.pegasusridingacademy.com

VOLUNTEER REGISTRATION FORM

DATE: _____

NAME _____

HOME PHONE _____ CELL PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ E-MAIL ADDRESS _____

PARENT/LEGAL GUARDIAN NAME (if volunteer is under the age of 18) _____

PARENT/LEGAL GUARDIAN PHONE # _____

PARENT/LEGAL GUARDIAN ADDRESS _____

HOW DID YOU LEARN ABOUT THE PROGRAM? _____

VOLUNTEER AVAILABILITY (PLEASE CHECK)

Mon PM (5:00 – 8:15 pm) Wed PM (5:15 – 8:15) Sat AM (9:00 – 1:30)

(No COURT ORDERED hours on Monday)

Tues PM (5:15 – 8:15) Thurs AM (9:00 – 12:00) Sun AM (12:00 – 4:00)

Wed AM (9:00 – 12:30) Thurs PM (5:15 – 8:15)

Are you willing to be on our emergency call list if we are shorthanded? _____

ARE YOU DOING SCHOOL SERVICE HOURS? YES NO

Which school: _____

Number of hours needed: _____

ARE YOU HERE FOR COURT APPOINTED COMMUNITY SERVICE? YES NO

Which District/Judge: _____

Offence sentenced for: _____

Number of hours needed: _____

EACH VOLUNTEER IS RESPONSIBLE FOR TRACKING HIS/HER OWN HOURS USING A TRACKING SHEET. THESE SHEETS ARE AVAILABLE IN THE MAIN OFFICE AND MUST BE SIGNED AT THE END OF EACH DAY. IF THIS SHEET IS NOT SIGNED FOR EACH DAY THAT THE VOLUNTEER IS PRESENT, CONFIRMATION OF COMPLETED HOURS CANNOT BE GIVEN UNDER ANY CIRCUMSTANCES.

HORSE EXPERIENCE? YES NO Please Describe: _____



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HEALTH HISTORY

Volunteering at Pegasus Riding Academy is physically and mentally demanding. Safety is our #1 concern for both our volunteers and riders. Please let us know if there are any limitations regarding your current health status that might effect your ability to fully participate in our volunteer program. For example, allergies, asthma, seizure disorders, recent injuries or surgeries, cognitive limitations, or anything else that might impact the safety of the riders and/or horses and other volunteers.

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 Pegasus Riding Academy's program.

Confidentiality Agreement:

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

SIGNATURE _____ DATE _____
*Volunteer
Signed in the presence of Pegasus staff*

SIGNATURE _____ DATE _____
*Parent/Guardian if volunteer is under 18 years of age
Signed in the presence of Pegasus staff*

PHOTOGRAPHIC RELEASE FORM FOR VOLUNTEERS

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Pegasus Riding Academy, Inc., permission to take or have taken still and moving photographs and films including television pictures of me or our/my child, _____, and

Name of volunteer

consents to authorize the Pegasus Riding Academy, Inc., its advertising agencies, news media, and any other persons interested in the Pegasus Riding Academy, Inc., and its' work, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including without limiting the generality of the foregoing newspapers, television media, internet, including Facebook, brochures, pamphlets, instructional material, books and clinical material.

With respect to the foregoing matters, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of the Pegasus Riding Academy, Inc., to use or cause to be used such photographs, films and pictures of Pegasus Riding Academy, Inc and its work.

SIGNATURE _____ DATE _____
Volunteer - Signed in the presence of Pegasus staff

SIGNATURE _____ DATE _____
*Parent/Guardian if volunteer is under 18 years of age
Signed in the presence of Pegasus staff*



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LIABILITY WAIVER FOR VOLUNTEERS

KNOW ALL MEN BY THESE PRESENTS, That I _____
(Name of Volunteer or Parent / Guardian if Volunteer is under 18 years of age)
individually, or as Parent/Legal Guardian of _____, my
(Name of volunteer if volunteer is under 18 years of age)
minor child, in consideration of Pegasus Riding Academy, Inc., (hereafter referred to as "Pegasus"), providing volunteer opportunities including horseback riding, to me (or our minor child named above), I do hereby remise, release and forever discharge Pegasus, the Board of Directors of Pegasus, the Parks and Recreation Department of the City of Philadelphia, and the City of Philadelphia from all manner of action and actions, cause and causes of action, and suits, in law and or equity which may arise in any manner whatsoever from said volunteer opportunities. I further promise not to institute any action at law or in equity against Pegasus, any of the individuals serving on the Board of Directors of Pegasus, Pegasus' employees, volunteers, the Parks and Recreation Department of the City of Philadelphia or the City of Philadelphia on account of any injury or other loss or damage that may be sustained by me or my child as a consequence of said volunteer opportunities, including horseback riding.

I understand that a volunteer position with Pegasus Riding Academy, Inc. is an inherently dangerous activity that can result in serious bodily injury and/or death of the participants.

This waiver shall bind me and my (our) heirs and legal representatives.

I have read this waiver and understand all its terms. I am executing it voluntarily and with full knowledge that this waiver will act as a complete bar to any claim resulting from said volunteer opportunity.

Intending to be legally bound, I have hereunto set my hand on: _____, 20____.

SIGNATURE _____ DATE _____

*Volunteer
Signed in the presence of Pegasus staff*

SIGNATURE _____ DATE _____

*Parent/Guardian if volunteer is under 18 years of age
Signed in the presence of Pegasus staff*

Relationship to volunteer if volunteer is under 18 years of age _____



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Authorization for Emergency Medical Treatment Form

Participant Volunteer Staff

NAME _____ Date of Birth _____

NAMES OF PARENT/GUARDIAN (IF UNDER 18) _____

HOME PHONE _____ CELL PHONE _____

ADDRESS _____

Physician's Name _____ Phone _____

Health Insurance Company _____ Policy # _____

Preferred Medical Facility _____

Allergies? Allergies to medication _____

Current medications _____

In the event of an emergency contact:

Name _____ Cell phone _____ Relationship _____

CHOOSE EITHER CONSENT PLAN OR NON-CONSENT PLAN

Consent Plan

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 Pegasus Riding Academy,

I authorize Pegasus Riding Academy, Inc. to:

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

This authorization includes x-rays, 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.

Date _____ Consent Signature _____

*Volunteer or Parent/ Legal Guardian
Signed in the presence of Pegasus staff*

Non-Consent Plan

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 Pegasus Riding Academy, Inc.

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 Pegasus Riding Academy, Inc.

- o Parent or legal guardian will remain on site at all times during therapeutic riding activities.
- o In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Non-Consent Signature: _____

*Volunteer or Parent/ Legal Guardian
Signed in the presence of Pegasus staff*