

*Sycamore Lane Therapeutic Riding Center*

# Volunteer Packet

*Sycamore Lane Therapeutic Riding Center*

**VOLUNTEER/STAFF/PARTICIPANT INFORMATION FORM AND HEALTH HISTORY**

**General Information**

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Employer/School: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

How did you learn about the program?  
: \_\_\_\_\_

**Health History**

Last Tetanus Shot: \_\_\_\_\_ Last TB Test (+ -) \_\_\_\_\_ Date: \_\_\_\_\_

(Consult your physician or local health department if you are not up to date with these shots/tests)

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:

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Allergies:

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*Sycamore Lane Therapeutic Riding Center*

**VOLUNTEER/STAFF/PARTICIPANT INFORMATION FORM & HEALTH HISTORY**

Medications:

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**Interests**

Check which areas you are interested in:

**Program**

- Horse handling
- Sidewalking
- Stable management
- Facility repairs
- Volunteer recruitment
- Horse training

**Special Events**

- Fundraising
- Photography/video
- Newsletter
- Event Coordination

**Administration**

- Public relations
- Grant writing
- Budget & finance

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 this center's program.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Volunteer/Staff)

**Photo Release**    I DO    I DO NOT

Consent to and authorize the use and reproduction by Sycamore Lane Therapeutic Riding Center 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 center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Volunteer/Staff)

*Sycamore Lane Therapeutic Riding Center*

**VOLUNTEER/STAFF/PARTICIPANT INFORMATION FORM AND HEALTH HISTORY**

**Background Information**

Have you ever been charged with or convicted of a crime? Y \_\_\_ N \_\_\_ ; If yes, please explain below:

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I, \_\_\_\_\_, (volunteer/staff), authorize Sycamore Lane Therapeutic Riding Center 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 NARHA 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)

CURRENT DRIVER'S LICENSE? Y N      LICENSE NUMBER: \_\_\_\_\_

STATE: \_\_\_\_\_

**Confidentiality Agreement**

I understand that all information (written and verbal) about participants at this NARHA 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)

***Sycamore Lane Therapeutic Riding Center***

**CONFIDENTIALITY AGREEMENT**

**Participant  Volunteer  Staff**

**I understand Sycamore Lane Therapeutic Riding Center is a therapy program designed for physically, mentally, or emotionally challenged individuals. It is a therapy program which is a member of NAHRA and Hippotherapy is recognized as a medically approved therapeutic form.**

**As such, it is guided by the same rules and regulations of the medical community. All information regarding participants and their identity, their therapeutic needs, type of therapy utilized, and medical records are confidential. All information in a participant's file is strictly confidential. I am not allowed to disclose or discuss any information regarding the program, its participants, or practices.**

**Should I do so, I risk immediate dismissal from Sycamore Lane Therapeutic Riding Center and possible legal action.**

**I am aware there may be other instances and examples of confidentiality not listed above to which I am held in the same fashion.**

**By my signature, I agree to uphold all the elements of this confidentiality agreement.**

**Signature \_\_\_\_\_ Date \_\_\_\_\_**  
**Staff/Volunteer/Participant/Guardian**

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

*Sycamore Lane Therapeutic Riding Center*

**WAIVER OF LIABILITY**

**I hereby acknowledge there are risks and potential risks inherent to horseback riding. I believe by participating in Therapeutic Riding and/or Hippotherapy, the benefits to my health are greater than the risks assumed.**

**I hereby intend to be legally bound for myself, my heirs and assigns, executors or administrators. In addition, I waive and release forever all claims and damages against Sycamore Lane Therapeutic Riding Center, its owner, board of directors, employees, volunteers, and contractors. I accept the risk and assume the responsibility for any and all injuries and/or losses I may sustain while participating in equestrian activities or while on the premises of Sycamore Lane Therapeutic Riding Center.**

**Participant \_\_\_\_\_ Date \_\_\_\_\_**  
**Print Name**

**Signature \_\_\_\_\_**  
**Participant, parent, legal guardian**

*Sycamore Lane Therapeutic Riding Center*

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Participant  Volunteer  Staff

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_  
Zip \_\_\_\_\_

In event of an emergency, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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

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

Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property, I authorize Sycamore Lane Therapeutic Riding Center and its agents to:

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

**CONSENT PLAN**

This authorization includes, but is not limited to: x-ray, surgery, hospitalization, medication, and any treatment deemed "lifesaving" by the physician. This provision will be invoked only if above person(s) is unable to be reached.

Consenting Signature \_\_\_\_\_ Date \_\_\_\_\_  
Participant, Parent, or Legal Guardian

**NON-CONSENT PLAN**

I do not give my consent for emergency medical treatment or aid in the event of illness or injury on the property of Sycamore Lane Therapeutic Riding Center.

Parent or Legal Guardian will remain on site at all times during equine assisted activities. In the event emergency treatment/aid is required, I authorize the following procedures to take place:

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Signature \_\_\_\_\_ Date \_\_\_\_\_  
Participant, Parent, or Legal Guardian

***Sycamore Lane Therapeutic Riding Center***

**RIDER/PARTICIPANT  
RELEASE FROM LIABILITY FORM**

This **RELEASE FROM LIABILITY** is made and entered into on this date of \_\_\_\_\_ 20 \_\_\_\_, and contains NO expiration date, by and between: **Sycamore Lane Therapeutic Riding Center** and hereinafter referred to as **Sycamore Lane Therapeutic Riding Center located at 13921 S. Clackamas River Dr. Oregon City, Oregon.**

Clackamas County, and \_\_\_\_\_, hereinafter who hereby claims responsibility for self and also for participant herein designated as "Rider/Participant" and his/her agents: friends, family and any and all guests present on their behalf, and if Rider/participant is a minor, **Riders'/Participants' parent or guardian:** \_\_\_\_\_ who hereby

*(Parents or Guardians print name)*

claims full responsibility for rider, in addition for rider's/participants agents, friends, family and any and all guests present on their behalf. In return for the use today, and on all future days, of SLTRC property, and facilities, and services of Sycamore Lane Therapeutic Riding Center and any and all of SLTRC's representatives. The Rider/Participant, his heirs, assigns, family, guests, and legal representatives all herein referred to as "Rider", hereby expressly agrees to the following:

- Rider understands there are risks in and around equine activities and has read the equine warning.
- Rider agrees to Assume any and all risks involved with in or arising from Rider's use of horses or presence upon **Sycamore Lane Therapeutic Riding Center's** property and facilities including, without limitation but not limited to: the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses or stationary objects, fire or explosion, the unavailability of emergency medical care, and/or the negligence and/or deliberate act of another person.
- Rider is responsible for full and complete **insurance** coverage on his horse, personal property and himself.
- Rider agrees to hold **Sycamore Lane Therapeutic Riding Center** and all successors, assigns, subsidiaries, franchises, affiliates, officers, directors, owners, partners, employees, boarders, tenants, servants, and agents completely harmless and liable and release them from all liability whatsoever and agrees not to sue them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of Rider's use of or presence upon horses , property, and facilities, including without limitation, those based on death, bodily injury, property damage, including consequential damages, except if the damages are caused by the direct, willful and wanton gross negligence of **Sycamore Lane Therapeutic Riding Center**.
- Rider agrees to waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving up the release does not know or expect to exist at the time of executing the release.

- Rider agrees to indemnify and defend **Sycamore Lane Therapeutic Riding Center** and all successors, assigns, subsidiaries, franchises, affiliates, officers, directors, owners, partners, employees, servants, and agents against and hold harmless from any and all claims, causes of action, damages, judgments, costs or expenses, including attorney's fees, which in any way arises from the Rider's use of or presence upon **Sycamore Lane Therapeutic Riding Center's** property and facilities.
- Rider agrees to abide by all of **Sycamore Lane Therapeutic Riding Center's** rules and regulations. Protective headgear is strongly recommended due to the inherent risks of equine activities. Rider will make the final decision of whether to wear or not wear protective headgear if over the age of 18. If under the age of 18, rider agrees to wear protective headgear.
- If Rider is using a Rider's own horse, the horse shall be free from infection, contagious or transmissible diseases. **Sycamore Lane Therapeutic Riding Center** reserves the right to refuse the horse if not in proper health or is deemed dangerous or undesirable.
- If Rider's own horse is injured in anyway while on **Sycamore Lane Therapeutic Riding Center's** property, Rider agrees to hold **Sycamore Lane Therapeutic Riding Center** and it's agents harmless. Rider agrees to pay any and all attorney fees for **Sycamore Lane Therapeutic Riding Center** in any legal actions or suits in relation to a Rider or their horse's injury.
- This contract is non-assignable and non-transferable and is made and entered into in the State of OREGON and shall be enforced and interpreted under the laws of this state. Should any clause be in conflict with State Law, then that clause is null and void. When **Sycamore Lane Therapeutic Riding Center** and Rider (and Rider's parent or guardian)/or volunteer, sign this contract. It will be binding on both parties, subject to the above terms and conditions.

**NOTICE: THIS AN EQUINE FACILITY. All activities on these grounds are subject to the Equine Inherent Risk Law. Oregon ORS 30.687-30.697. By your presence on these grounds you have indicated that you have accepted the limit resulting from the inherent risk of equine activities. THIS IS NOT A SPECTATOR AREA. All persons in this area will be regarded as participants and limited by the INHERENT RISK LAW.**

**.....  
WARNING: UNDER OREGON LAW, NO PERSON SHALL BE LIABLE FOR DAMAGES SUSTAINED BY ANOTHER AS A RESULT OF RISKS INHERENT IN EQUINE ACTIVITY, IN SO FAR AS THOSE RISKS ARE, OR SHOULD BE, REASONABLY OBVIOUS, EXPECTED OR NECESSARY TO THE PERSON INJURED. OR s 30.687 (1993)**

**I have read the Equine warning and both pages of this liability release form. I fully understand and agree to this release.**

\_\_\_\_\_ **Rider's Signature**                      \_\_\_\_\_ **Rider's Printed Name**                      \_\_\_\_\_ **Date**

\_\_\_\_\_ **Parent or Legal Guardian Signature**                      \_\_\_\_\_ **Printed Name of Parent/Guardian**

\_\_\_\_\_ **Sycamore Lane Therapeutic Riding Center**                      \_\_\_\_\_ **Printed Name**

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

## **YOUR MAIN RESPONSIBILITIES AS A VOLUNTEER**

**Commitment:** Your commitment to volunteering often determines the quality of experience that our riders have. Please arrive at least 30-45 minutes before classes start. Horses need to be prepared and the arena set up for lessons as well as the office and waiting area straightened up prior to the start of classes.

If you are scheduled as a volunteer and are unable to attend, please contact the volunteer coordinator at least 24 hours prior to your scheduled time. If another volunteer cannot be found, that class may be canceled.

Try to volunteer on a regular basis on the same day and time. This will enable you to get to know the rider, the schedule and the instructor. It creates a sense of community that everyone benefits from and helps us to work better as a team so that we can provide the best care and instruction for our riders.

**Safety:** By volunteering to help a person with disabilities ride, you are agreeing to put their safety first. It is a commitment to keep your rider safe even if an accident were to occur. If a horse spooks and you jump away, then you are not performing your duties as a side walker. Please tell us if you feel uncomfortable or are unable to perform your specific assigned duties as a volunteer and we will work with you to help you feel more comfortable or reassign you to a position that fits your abilities.

If we all pay attention and perform the duties assigned to us, most accidents can be avoided. There is always an inherent risk in horseback riding, and you should let us know about any accidents you may have or witness while at Sycamore Lane, no matter how minor.

**Confidentiality:** In order to create a safe and secure environment for our riders, we ask that you respect their confidentiality. Some of the issues which can come up in a lesson may be very personal and are not to be repeated outside of Sycamore Lane or talked about openly with other volunteers or family members that were not present. If you have a question about a particular client, please feel free to ask the instructor.

If you have concerns with the instructor, other volunteers or the health of our horses we ask that you bring those up in a confidential manner with the instructor or Suzanne after the lesson is finished.

**Communication:** For a safe and effective riding lesson, the instructor depends on the volunteers to be an extra pair of eyes and ears. Let us know about interactions you have with clients and parents. When lessons are over, feel free to offer feedback about how you think lessons went. Your ideas and suggestions are welcome and appreciated.

## **Ways in which you can help**

### **Help Enforce Barn Rules**

- \*\*\* insert barn rules or indicate attachment
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### **Preparing the rider**

- Help riders get property fitting helmet
- Assist riders getting to the mounting block
- Assist in mounting as instructed by instructor
- Secure wheelchair or walker after the rider has mounted
- Provide wheelchair or walker for dismount as instructed
- Assist in dismounting as instructed by instructor

### **Leading**

- Your main responsibility is the horse
- You must pay attention to the horse at all times
- Stand in front of the horse while mounting and dismounting
- Read horse handlers manual
- Get to know the horse you are assigned to. Ask the instructor about the horse, spend time with the horse between classes

### **Sidewalking**

- Your main responsibility is the rider.
- Keep your eyes on the rider at all times
- Apply proper holds as instructed by the instructor
- Do not leave the rider unless you are instructed to do so
- Adjust rider as instructed. Adjustments are made by physical contact, not pulling on ones clothes or limbs
- In an emergency dismount, the sidewalker on the inside of the arena is responsible for the dismount
- Do not push riders away from you while doing an emergency dismount, rather pull them into you
- If your arm gets tired while conducting a hold side walking, let the instructor know so that we can switch sides of the horse and use the other arm
- Help rider with appropriate movements as instructed by the instructor
- Always let the rider do as much as they can on their own

- Remember that you are the sidewalker, not the instructor. It is often easier for our riders to pay attention to one voice giving instruction rather than many different voices

### **Helping with activities**

- There may be numerous activities and games during a lesson. Your enthusiasm (clapping, smiling, “good job’s”) is appreciated and can help them be more engaged
- Encourage rider to pay attention if appropriate
- Help remind the riders of the goals or a particular activity, if needed
- Do not conduct talking with the other side walker or leader that do not directly impact the lesson at hand (cross talking)

### **Preparing horses**

- Before all classes, the horses must:
  - Brought to the cross ties
  - Groomed
  - Have their hooves picked
  - Lounged / walked in the arena
  - Saddled (unless otherwise indicated)
- If you are unsure how to complete any of the above tasks, please ask another volunteer or the instructor to show you how to complete a task.

### **Cleaning**

- **BEFORE THE LESSON**
  - Review board for list of riders, horses and tack needed
  - Pick up any trash around campus
  - Empty garbage cans
  - Turn on arena lights
  - Turn on office lights
  - Turn on heat (if appropriate)
  - Vacuum office
  - Sweep mounting block
  - Sweep porch in front of arena
  - Clean bathroom
  - Gather tack needed for the lessons
  - Help prepare the arena as needed

- **AFTER THE LESSON**
  - Put tack away in appropriate area
  - Clear the arena of all props, barrel's, cones etc.
  - Ensure props are put back in proper area
  - Turn arena lights off
  - Turn office lights off
  - Turn off heat (if appropriate)
  - Put away all grooming buckets
  
- **IF YOU HAVE EXTRA TIME**
  - Scrub water bucket's
  - Scrub water trough's in pasture areas
  - Pull weeds in the flower beds
  - Clean tack
  - Brush any dirty horses
  - Trim Bridle paths
  - Sweep off bricks