



Freedom Ride Inc

1905 Lee Road, Orlando, FL 32810
 Phone: 407-293-0411 / Email: volunteerinfo@freedomride.com
 Please return original completed forms to the office



VOLUNTEER ANNUAL UPDATE

Name:		Date of Birth:
Mailing Address:		
City:	County:	Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email Address:	
Home:	Cell:	Work:
Name of Employer/School/Occupation:		

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, allergies or lifestyle changes:

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Medications:

CONFIDENTIALITY & PHOTO RELEASE

I agree that as a Freedom Ride, Inc. volunteer to respect the privacy of the riders and hold in confidence all information obtained in the course of my volunteer service. I recognize that confidentiality and privacy requirements apply to fellow volunteers and that all photographs of riders are prohibited.

I DO hereby consent to and authorize the use and reproduction by Freedom Ride and the City of Orlando of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

-OR-

I DO NOT give consent to use the above use of photo or video graphic materials.

Adult Signature:	Date:
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AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT

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 Freedom Ride to secure and maintain medical treatment and transportation, if needed.

Emergency Contact:	Relationship:
Emergency Contact phone:	Physician Name:
Preferred Medical Facility: <input type="checkbox"/> Florida Hospital <input type="checkbox"/> ORMC <input type="checkbox"/> Other:	
Health Insurance Company:	Policy:

CONSENT PLAN - I GIVE 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 the agency. 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 below is unable to be reached and/or cannot give authorization at the time of occurrence.

-OR-

NON-CONSENT PLAN - I DO NOT give consent for emergency medical treatment/aid in the case of illness or injury while participating in activities with Freedom Ride, Inc. In the event emergency medical treatment/aid is required, I wish the following procedures to take place:

Adult Signature:	Date:
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Participant Parent Legal Guardian



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PARTICIPANT LIABILITY RELEASE FORM

Participant Full Name:

Date of Birth:

UNCONDITIONAL GENERAL RELEASE

WARNING-UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

I, _____, a participant, client, volunteer, or student or the legal guardian of a participant, client, volunteer, or student ("Participant") in a program, event, or activity taking place under the sponsorship of or at the facilities of **FREEDOM RIDE, INC.**, a Florida not for profit corporation ("Freedom Ride"), hereby give consent and approval to the participation of Participant in any and all programs, events, or activities taking place under the sponsorship of or at the facilities of Freedom Ride ("Activities").

I fully understand that my decision to be a Participant or to allow such person named above to be a Participant, poses risks of personal injury, property damage, death and/or other loss that may arise while participating in the Activities. I assume all risk and hazards incidental to the conduct of the Activities as well as transportation to and from all Activities.

In consideration of Participant's being allowed to participate in the Activities, on behalf of Participant, Participant's heirs, personal or legal representatives, successors and assigns, I hereby irrevocably and unconditionally release, and covenant not to sue Freedom Ride, the City of Orlando, and each of Freedom Ride and the City of Orlando's owners, directors, officers, employees, agents, independent contractors, representatives, attorneys, successors, and assigns, and all persons acting by, through, under, or in concert with, any of them (collectively "the Releasees"), from any and all claims or causes of action whatsoever, in law or in equity, whether known or unknown at this time, based on any action, cause or thing occurring on, prior to, or following the date hereof, and, in particular, without limiting the generality of the foregoing, all claims arising out of or relating to the Activities, even if such liability or damage results from the sole negligence of the Releasees.

I hereby authorize the Releasees to act in their discretion on behalf of Participant in providing, requesting, or authorizing the provision of emergency medical services ("Emergency Services"). I acknowledge full responsibility for any charges associated with the rendering of any and all Emergency Services, and I indemnify the Releasees from any and all claims, expenses, or other charges related to their decision to provide or to not provide Emergency Services.

I understand and agree that this document shall be construed according to the laws of the State of Florida, and that this Unconditional General Release shall be as broad and inclusive as is permitted by the laws of the State of Florida. If any portion of this document is held to be invalid or of no force or effect, I agree that the balance shall continue in full force and effect.

This Unconditional General Release shall be immediately effective upon its execution.

I HAVE READ AND UNDERSTAND THIS DOCUMENT. DATED this ____ day of _____ 20__.

Print Name:

Date:

Adult Signature:

Date:

Participant Parent Legal Guardian