

MSU Equine Assisted Therapy Programs

at

Elizabeth A. Howard Therapeutic Riding and Activity Center

1769 Old White Rd S

West Point, MS 39773

Volunteer/Staff Information Form

General Information

Date _____

Name: _____

Address: _____

Employer/School: _____

Phone: _____

E-mail: _____

Date of Birth: _____

In Case of Emergency Contact: _____

Parent/Legal Guardian: _____

Phone: _____

Caregiver (if applicable): _____

Phone: _____

Please provide a brief description of your experience with
horses: _____

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 his/her parent/guardian in the case of a minor.

Signature: _____ Date: _____

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: _____

Photo Release

I DO

I DO NOT

consent to and authorize the use and reproduction by the Elizabeth A. Howard Therapeutic Riding and Activity Center (TRAC) 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: _____

Background Information

Have you ever been charged with or convicted of a crime? Y N

If yes, please explain: _____

MISSISSIPPI STATE UNIVERSITY

ACTIVITY PARTICIPATION AGREEMENT

In consideration for participating in the Mississippi State University 4-H TRAC Program (hereinafter "Activity") and other valuable consideration, I hereby RELEASE, WAIVE, and DISCHARGE Mississippi State University, the Board of Trustees of State Institutions of Higher Learning for the State of Mississippi, the State of Mississippi, their officers, servants, agents, and employees (hereinafter "RELEASES") 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 to any property belonging to me. WHETHER CAUSED BY THE NEGLIGENCE OF, OR A BREACH OF ANY EXPRESS OR IMPLIED CONTRACT BY, THE RELEASES, OR OTHERWISE, WHILE PARTICIPATING IN SUCH Activity, or while in, on or upon the premises where the Activity is being conducted or while in transit during and to and from said Activity. I further acknowledge that the Releases, as public entities, do not carry liability insurance for this Activity and that in order to provide this Activity, and others like it, as part of the Releasees' educational program, it is essential that the Releasees not be subject to liability or such Activities sponsored by the Releasees may not be feasible in future public educational programs offered by the Releasees. To the best of my knowledge, I can fully participate in this Activity, I am fully aware of the risks and hazards connected with the Activity, and I hereby elect to voluntarily participate in said Activity, and to engage in such Activity knowing that the 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, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such Activity. I further hereby COVENANT NOT TO SUE the Releasees and AGREE TO INDEMNIFY AND HOLD HARMLESS the Releasees from any loss, liability, damages, or costs, including, but not limited to, court costs and attorney's fees, that may result from my participation in said Activity. It is my express intent that this Activity Participation Agreement shall bind the members of my family and spouse (if

any), if I am alive, and my heirs, assigns, and personal representative if I am not alive, and this Agreement shall be deemed as a RELEASE, WAIVER, DISCHARGE, INDEMNIFICATION, AND COVENANT NOT TO SUE the above RELEASEES. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Mississippi. I further understand that the Releasees are not responsible for any medical costs associated with any injury or illness I may sustain resulting from my participation in this Activity.

WARNING

Under Mississippi law, an equine activity or equine sponsor is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to this chapter. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Activity Participation Agreement, that I understand it, that I sign it voluntarily as my own free act and deed, and that no oral or written representation or statements of inducements, apart from the foregoing written agreement, have been made. If I am under twenty-one (21), I understand that a parent or guardian must also sign this Agreement indicating their separate and complete obligation to adhere to the terms of this Agreement. I execute this Agreement for full, adequate, and complete consideration fully intending to be bound by same.

Signature: _____ Date: _____

Volunteer Termination Policy

I understand that volunteering for the MSU 4-H TRAC is a privilege. We appreciate all the skill, energy, and commitment that volunteers bring to our program. Sometimes it may be necessary to remove a volunteer from a specific class or from TRAC Programs. I also understand that, for the sake of safety and in order to maintain the security and continuation of excellence in programming, an inattentive volunteer (or any individual) who cannot perform the functions or duties of a volunteer will be removed from classes, and may be placed in another area of the program, or asked not to return to the TRAC sessions. Absolutely no intoxicated or chemically impaired volunteer will be allowed to assist with any TRAC operations. If there is any question regarding the ability of a volunteer to perform his/her duties, the TRAC staff will err on the side of caution and ask the individual to leave the program area and not return.

Name: _____ Date: _____

Consent for Emergency Medical Treatment

Preferred Medical

Facility: _____

Any medical condition(s) requiring special precautions or treatments and any medications and/or dosage? Y N

If you answered yes, please explain:

In case of medical emergency, the undersigned authorizes Mississippi State University, acting through the adult on its staff who has actual care, control, and possession of the child, to consent to medical, dental, and surgical treatment of the child when the undersigned cannot be contacted. The undersigned represents to Mississippi State University that he or she is the child's parent and either (a) is not divorced from the other parent, or (b) is divorced from the other parent, but has been authorized by a written court order to give consent to medical and dental care and surgical treatment of the child. The undersigned will indemnify and hold Mississippi State University, its officers, members, employees, and agents harmless if he or she is not empowered by law to give this consent. The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the child, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent from the undersigned. No person can be accepted for riding instruction until this form has been completed by the parent/parents or guardian. If the person is of legal age (21), he or she may complete the form, if he or she is legally competent to do so. Although every effort will be made to avoid any accident, NO LIABILITY can be accepted by Mississippi State University. I understand that NO LIABILITY can be accepted by Mississippi State University, in the event of any accident which may occur.

Signature: _____ Date: _____

Insurance Provider: _____

Policy Number: _____

Non-Consent for Emergency Medical Treatment

I do not give my consent for emergency medical treatment/aid in the event of illness or injury during the process of receiving services or any participation on my part in the MSU TRAC Program. In the event of an emergency, I authorize Mississippi State University or its representative to take the following action on my behalf.

Please notify the following individual(s) in the event of an emergency:

Name: _____

Phone: _____

No person can be accepted for participation in the MSU TRAC Program until either this form or the Consent for Emergency Medical Treatment form has been completed. If the person is of legal age (21), he/she may complete the form. If the person is not of legal age, the form must be completed by the parent(s) or guardian.

Activities will be supervised, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by Mississippi State University.

Signature: _____ Date: _____