



SPECIAL TROOPERS ADAPTIVE RIDING SCHOOL

33148 K22—Sioux City, IA 51108—www.scstars.org—P: 712.239.5042—F: 712.224.3471

Returning Volunteer Form

Name _____ Date of Birth _____ Height _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email: _____ Other Languages _____

Best way to contact you: Home # ___ Cell # ___ E-Mail ___ Text ___

Best time of day to contact you: AM ___ PM ___ Weekends ___ Other _____

Parent/Guardian Name (if under 18) _____

Address (if different than above) _____

Availability: Please check all times you are available.

Monday daytime
 Tuesday daytime
 Wednesday daytime
 Thursday daytime

Monday evening
 Tuesday evening
 Wednesday evening
 Thursday evening

Willing to substitute. Please list days and times available: _____

I would like to help in the following other areas. Please check all that apply!

Special events
 Grounds maintenance
 Horse Camp
 Other Skills: _____

Annual Spring fundraiser
 Photography/videos
 Annual horse show

Volunteer Photo Release

I hereby consent or do NOT consent that Special Troopers Adaptive Riding School (STARS, Inc.) has permission to take or have taken, still and moving photos, videotape, digital photographs, films, television images, and images taken or made by any and other manner or method of our/my (self-daughter- son-ward), **VOLUNTEER'S name:** _____, and consents and authorizes STARS, its advertising agencies, news media, and any other persons interested in STARS, to use and reproduce the photos, films, pictures and images and circulate and publicize the same by any and all means without limitation; including but not limited to the following: newspapers, television, media, brochures, pamphlets, instructional material, books, web site, and clinical material.

No inducements or promises of any kind have been made to us/me to secure our/my signature(s) to this release other than the intention of STARS to use or cause to be used such photographs, films, pictures or images for the primary purpose of promoting and aiding STARS and its work.

Signature (Self, Parent, or Guardian): _____ Date: _____

Printed Name: _____ Relationship to Participant: _____



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Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury while receiving services, being on property, or participating in an authorized activity of STARS, Inc., I authorize Special Troopers Adaptive Riding School (STARS, Inc.) to:

- Secure and retain medical treatment and transportation as needed.
- Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

Volunteer Name: _____ **Age:** _____ **DOB:** _____
Parent/Guardian Name(s): _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____

In the event the Parent/Guardian listed above cannot be reached, contact:

Contact Name: _____ **Relationship:** _____ **Phone:** _____
Contact Name: _____ **Relationship:** _____ **Phone:** _____

Physician's Name: _____
Preferred Medical Facility: _____
Health Insurance Company: _____ **Policy #:** _____

Critical Health Information

(Ex: DNR, Food Allergies, Medication Allergies, etc.) None Yes - Please note below

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 below is unable to be reached.

Signature (Self, Parent, or Guardian): _____ **Date:** _____
Printed Name: _____ **Relationship to Participant:** _____

Non-Consent

I do NOT give my consent for emergency medical treatment/aid in the case of illness or injury. Please note that by signing the non-consent this may exclude you from participating in programming at STARS Inc.

Signature (Self, Parent, or Guardian): _____ **Date:** _____
Printed Name: _____ **Relationship to Participant:** _____

Our Mission: To provide equine services that enhance the lives of individuals with emotional, intellectual, and physical disabilities.



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Volunteer Liability Release

_____ (Volunteer's Name) would like to participate in the Special Troopers Adaptive Riding School (STARS, Inc.) program. I acknowledge the risks and potential for risks of interacting with horses and agree to assume all risks of personal injuries and damages regarding involvement in the program. However, I feel that the possible benefits to myself/ my son/ my daughter/ my ward are greater than the risk assumed. Therefore, in return for being permitted to participate, and intending to be legally bound, for myself, my heirs, and assigns, executors of administrators, I hereby forever waive and release all claims for damages against STARS, Inc., its Board of Directors, Sponsors, Instructors, Therapists, Aides, Volunteers, Employees, Agents or others on its behalf liable for any and all injuries and/or losses I / my son/ my daughter/ my ward may sustain while participating in STARS, Inc., and agree to indemnify them from all loss, expense, damages, and costs they may incur by reason of any claim for damages brought against them.

IOWA CODE CHAPTER 673 WARNING

UNDER IOWA LAW, A DOMESTICATED ANIMAL PROFESSIONAL IS NOT LIABLE FOR DAMAGES SUFFERED BY, AN INJURY TO, OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF DOMESTICATED ANIMAL ACTIVITIES, PURSUANT TO IOWA CODE CHAPTER 673. YOU ARE ASSUMING INHERENT RISKS OF PARTICIPATING IN THIS DOMESTICATED ANIMAL ACTIVITY.

A number of inherent risks are associated with a domesticated animal activity. A domesticated animal may behave in a manner that result in damages to property or an injury or death to a person. Risks associated with the activity may include injuries caused by bucking, biting, stumbling, rearing, trampling, scratching, pecking, falling, or butting. The domesticated animal may act unpredictably to conditions, including, but not limited to, a sudden movement; loud noise; an unfamiliar environment; or the introduction of unfamiliar persons, animals, or objects.

The domesticated animal may also react in a dangerous manner when a condition or treatment is considered hazardous to the welfare of the animal; a collision occurs with an object or animal; or a participant fails to exercise reasonable care, take adequate precautions, or use adequate control when engaging in a domesticated animal activity, including failing to maintain reasonable control of the animal or failing to act in a manner consistent with the person's abilities.

I have read and understand the above statements. I have also received a copy of the statements for my own records.

Signature (Self, Parent, or Guardian): _____ **Date:** _____
Printed Name: _____ **Relationship to Participant:** _____