



**Sarasota Manatee Association
for Riding Therapy**

4800 CR 675, Bradenton, FL 34211
941-746-1493
www.smartriders.org

Volunteer/Staff Information Form and Health History

General Information:

Name: _____ Email: _____

Date of Birth: _____ Home Phone _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer/School: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____

Parent/Guardian Name and address (if applicable) _____

How did you learn about the program? _____

Date of last Tetanus vaccination.: _____

Consult your physician or local health department if you are not up to date with your Tetanus vaccination. It is highly recommended that individuals working in agricultural environments stay current with this vaccination.

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies: _____

Medications: _____

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 or Staff

Signature: _____ Date: _____
Parent / Legal Guardian if Volunteer is under 18

Please check which areas you are most interested in:

Program Volunteer

Competitions

Administration

Leading a horse

Horse Shows

Office Work

Sidewalking with a student

Away Horse Shows

Fund Raising

Stable Management

Special Olympics

Newsletter or E-news

Facility Repairs

Volunteer Recruitment

Photography/Video

Marketing/Public Relations

Photo Release

I DO DO NOT

Consent to and authorize the use and reproduction by Sarasota Manatee Association for Riding Therapy (SMART) 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: _____
Volunteer/Staff OR Parent / Legal Guardian if Volunteer is under 18

Background Information:

Have you ever been charged with or convicted of a crime? Y N. Please explain _____

I _____ (volunteer/staff), authorize SMART 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.

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 operating 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 OR Parent / Legal Guardian if Volunteer is under 18

Current Driver's License: Y N License Number _____ State: _____



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RELEASE AND ASSUMPTION OF RISK AGREEMENT

I agree to the following Release and Assumption of Risk Agreement with SARASOTA MANATEE ASSOCIATION FOR RIDING THERAPY, INC., a Florida nonprofit corporation (hereafter referred to as "SMART") as a condition for allowing me or my child /legal ward identified below to enter SMART's premises, surrounding land, and other program locations, be near horses, participate in equine-assisted activities, work near horses, handle horses, use equipment, work with staff and volunteers, and/or receive instruction or guidance while riding, driving, grooming, or handling horses. This is not meant to be a complete list of all activities and will be referred to in this document as "The Activities".

IT IS HEREBY AGREED AS FOLLOWS:

1. I have voluntarily requested, for myself or for my child/legal ward identified below, to engage in any or all of The Activities, now and/or in the future.
2. **Risks.** I understand that anyone engaging in The Activities can suffer bodily injuries, property damage and other injuries including death. Participation in The Activities involves certain inherent risks and, regardless of the care that is taken, it is impossible to ensure the safety of the participant. I understand the risks/dangers inherent in The Activities, and I agree to assume them. I am not relying on SMART to list all possible risks for me or my child/legal ward.
3. **Waiver and Liability Release:** As consideration for SMART allowing me or my child/legal ward to engage in The Activities at any time and at any location, I do hereby voluntarily assume all risks of loss, damage or personal bodily injury including death that may be sustained which may hereinafter occur on account of, or in any way arising from, entry upon the premises or participation in The Activities on or off the premises. I, for my heirs, administrators, personal representatives, or assigns, release and discharge SMART, Bridge Creek Inc., and all SMART employees, assistants, directors, volunteers, instructors, officers, land owners, and owners of horses from any and all claims, demands, damages, actions, omissions, suits, or causes of action (present or future).
3. **Indemnification:** I also understand and agree to indemnify and hold harmless SMART, Bridge Creek, Inc., and persons or entities working on behalf of or affiliated with SMART against any and all further claims or damages, cost or expenses incurred by SMART, Bridge Creek, Inc., and their employees as a result of an accident, injury or property loss which may occur while I, or my child/legal ward are on or off the premises or engaged in The Activities connected with SMART which may result from negligence of the undersigned or the negligence of SMART, Bridge Creek Inc., employees, volunteers, instructors, agents, third parties or any combination thereof of SMART. The indemnification shall include reimbursement of SMART'S attorney fees.
4. **ASTM/SEI Headgear:** SMART will provide me or my child/legal ward with an equestrian safety helmet that is ASTM standard and SEI-certified for use when riding or driving horses. I understand that neither SMART nor its assistants or agents can guarantee the suitability of any helmet provided.
5. **Health and Disabilities:** I understand that SMART always recommends that I seek the advice of a physician if I or my child/legal ward is injured, and many of The Activities pose special physical risks to the participant ..
6. Should I breach this Release (or any part of it) I agree to pay the attorney's fees and court costs related to such breach incurred by SMART and/or persons directly affiliated with SMART. It is also mutually agreed that any disputes arising under this Release, or any activities that are undertaken pursuant to this document, shall be litigated in a court of proper jurisdiction located in or nearest to Manatee County, Florida.

I understand that when signed, this Agreement is intended to be legal, valid and binding at all times, now and in the future, when SMART permits me or my child/legal ward to engage in any or all of The Activities either on the SMART premises or other designated program locations.

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.

NAME OF PARTICIPANT _____

SIGNATURE OF PARTICIPANT if 18 or older _____ DATE _____

Address of Participant: _____

Phone: (Home) _____ (Cell / other) _____ Email: _____

I hereby certify that I am authorized to sign this Release and Assumption of Risk Agreement on behalf of the Participant.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE _____

Print name of Parent or Legal Guardian: _____

Address _____

Phone: (Home) _____ (Cell / other) _____ Email: _____



Sarasota Manatee Association for Riding Therapy, Inc.

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Authorization for Emergency Medical Treatment

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury while participating in the Sarasota Manatee Association for Riding Therapy (SMART) program, I authorize SMART to secure and retain medical treatment and transportation if needed. This authorization includes but is not limited to x-ray, surgery, hospitalization, medication and any treatment deemed "life-saving" by the physician. In addition, I authorized SMART to release my records to any individual involved in medical treatment and/or transportation I might need. This provision will be invoked only if the emergency contact person(s) listed below is/are unable to be reached.

Date Participant's name (print) DOB

Home phone # Street address

City State Zip

In case of emergency, contact:

Name Relation: Phone Number(s)

Name Relation: Phone Number(s)

Physician's name Phone Number

Preferred medical facility

Allergies to Medications

Current Medications:

Health insurance company Policy #

Consent Authorized Signature (please sign)
(Participant OR Parent / Legal Guardian if under 18)

Non-Consent Plan

I do not give my consent for emergency medical treatment in the case of illness or injury while participating in the SMART program. In the event of emergency treatment aid is required, I wish the following procedures to take place: (list procedures)

(continue on back)

Date Participant's name (print)

Authorized Signature (please sign)
(Participant OR Parent / Legal Guardian if under 18)



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SMART Confidentiality Policy

Sarasota Manatee Association for Riding Therapy (SMART) recognizes the right of participants and their families to have privacy and control over any information about them that might be personal or sensitive. In order to respect that right, SMART has adopted the following policy regarding confidentiality.

Those bound by the directives of this policy are *all* persons in any way connected with SMART, including but not limited to: full and part-time staff, volunteers, board members, temporary employees, independent contractors and instructors. Any persons violating these policies will be subject to penalties ranging from reprimand to alteration of job responsibilities to termination to legal action.

Except as deemed necessary by the Board of Directors, information considered to be confidential includes all medical, familial, social, referral, personal, and financial concerns regarding a rider and/or his/her family. Such information is considered confidential regardless of how it is obtained, whether directly from the rider or family, SMART staff, volunteers or others associated with SMART, or inadvertently from other sources such as but not limited to a chart, computer screen or overheard conversation.

Consent to disclose information to outside individuals or agencies, including photographs and videotapes should be obtained in writing from the proper legal representative. For most children under the age of 18, this would be the parent or legal guardian. Adults age 18 and over with developmental disabilities are presumed competent to give consent unless they have specifically been found incompetent in a court of law. In such case, a substitute decision-maker would be assigned, and any consent must be obtained from the decision-maker.

I have read and understand the SMART confidentiality policy as described above and agree to observe its principles.

Print Name of Volunteer: _____

Signature of Volunteer: _____ Date: _____



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SMART Volunteer Code of Conduct

Respect for Others

I will respect the rights, dignity and worth of other SMART participants, volunteers, instructors, staff, friends, family members and spectators.

I will treat everyone equally regardless of sex, ethnic origin, religion or ability.

I will display control, respect, dignity and professionalism to all involved including participants, volunteers, instructors, staff, friends, family members and spectators.

Responsibility for My Actions

I will dress and act at all times in a professional manner that will be a credit to SMART. I will not use profanity or insult or taunt others or engage in other forms of poor behavior. I will practice good sportsmanship.

I will not engage in any type of inappropriate behavior, sexual activity and/or verbal or physical abuse with other participants, volunteers, instructors, staff, friends, family members or spectators.

I will respect the property of SMART. I will respect each and every horse and will not engage in physically abusive behavior toward any of them.

I will obey all posted SMART rules of the farm.

By signing below, I am saying that I have read or have had read to me this Code of Conduct. I agree to obey and understand the words and meaning of this Code of Conduct. I understand that it is a general guide and does not describe all types of good and bad behavior. I understand that if I do not obey this Code of Conduct, I may not be allowed to participate in the SMART Program.

Print Name of Volunteer

Date

Signature of Volunteer



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BACKGROUND CHECK

Name: _____

Date of Birth: _____

Sex: _____

Race: _____

Social Security #: _____