



B.O.K. Ranch



Volunteer Sign Up

The B.O.K. Ranch provides adaptive horseback riding lessons to individuals with special needs. Volunteers are essential to the success of the program. Up to three volunteers per student may be needed depending on the student's disability. Volunteers walk along each side of the horse or handle the lead rope. **B.O.K. Ranch staff and students greatly appreciate your help!**

The B.O.K. Ranch is located at The Horse Park at Woodside, 3674 Sand Hill Road, Woodside, CA 94062. Please mail completed forms to B.O.K. Ranch, 1815 Cordilleras Road, Redwood City, CA 94062.

PLEASE PRINT

Name: _____ Age: (if under 18) _____

Street Address: _____

City/State/Zip: _____

Phone (Home): _____ (Work/Cell): _____

Email: _____

If attending school, will you be earning credit for your volunteer hours? _____ (Yes/No)

Please check the times you are available: *(Minimum commitment is one eight-week session)*

Monday **3:00-5:00 pm** _____ **Friday** **3:00-5:00 pm** _____

Tuesday **3:00-5:00 pm** _____ **Saturday** **9:30 am-1:00 pm** _____

Wednesday **3:00-5:00 pm** _____ **Sunday** **8:30 am-12:00 pm** _____

Thursday **3:00-5:00 pm** _____

Do you have any experience with horses? _____ Yes _____ No

If yes, please describe your experience, including grooming or tacking:

Do you have reliable transportation? _____ Yes _____ No

Are you able to lift 180 lbs.? _____ Yes _____ No

Do you require special accommodations or equipment? _____ Yes _____ No

Can you follow multiple step instructions quickly and accurately? _____ Yes _____ No

If you have any questions regarding volunteering your time, please call 650-366-2265.

Authorization for Emergency Medical Treatment

(Please circle the one that best describes you)

Rider

Staff

Volunteer

Name: _____ D.O.B.: _____ Phone: _____

Street Address: _____

City/State/Zip: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relationship: _____

Phone: (home/work) _____ Cell phone: _____

Name: _____ Relationship: _____

Phone: (home/work) _____ Cell phone: _____

Name: _____ Relationship: _____

Phone: (home/work) _____ Cell phone: _____

In the event that emergency medical aid/treatment is required during lessons, I authorize B.O.K. Ranch to:

1. Secure and retain medical treatment and transportation if needed.
2. Release injured person's records upon request to the authorized individual or agency involved in the emergency medical treatment.

Consent Plan:

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) listed above is unable to be reached in a timely manner.

Consent signature: _____ Date: _____

Client or Conservator if over 18 -- Parent or Legal Guardian if under 18

B.O.K. Ranch Release Agreement

I, the undersigned, _____, do forever release, acquit, discharge and hold harmless B.O.K. Ranch, its agents, employees, representatives, successors, and assigns, for all manner of claims, demands, and damages of every kind and nature, where to which the undersigned or said minor may now, or in the future, have against B.O.K. Ranch, its agents, employees, representatives, successors, or assigns on account of personal injuries, physical or mental condition, known or unknown, to the person of said minor and the treatment thereof, as a result of, or in any way growing out of the acts of B.O.K. Ranch, its agents, employees, representatives, successors, or assigns including but not limited to negligence or gross negligence, in executing the services above described and/or incidental thereto.

Signed _____ Date: _____

Signed _____ Date: _____
(Parent/guardian if under 18)

Name of Volunteer: _____ Date: _____
(If under 18)



B.O.K. Ranch Photo Release Agreement

For valuable consideration which is given and which is hereby acknowledged, the undersigned grant (s) B.O.K. Ranch permission to take or have taken, still and moving photographs and films including television pictures of (name of volunteer) _____. The undersigned consents and authorizes B.O.K. Ranch and its work, to use and reproduce photographs, films and pictures to circulate and publicize the same by all means including but not limited to the forgoing newspapers, television media, web sites, brochures, pamphlets, instructional materials, books and clinical material.

With regards to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of B.O.K. Ranch to use or have used such photographs, films and pictures for the primary purpose of promoting and aiding B.O.K. Ranch and its work.

Signed _____ Date: _____

Signed _____ Date: _____
(Parent/guardian if under 18)



The Horse Park at Woodside

General Agreement & Release of Liability

I, _____ (*Must be a Parent or Guardian if person named above is under the age of 18*), hereby acknowledge that I have requested permission to participate in equestrian or other activities on the premises of **The Horse Park at Woodside**. I have read and agree to abide by the Horse Park Facility Use Rules. I am aware that combined training and eventing, jumping, trail riding, conditioning, polo and all other forms of equestrian activities, including the teaching, training or coaching thereof can be hazardous. I am voluntarily participating in equestrian or other activities with the knowledge of the danger involved and hereby agree to accept any and all risks of injury or death. In consideration for being permitted to use the facilities at the *Horse Park at Woodside*, I hereby agree that I, my heirs, my distributees, guardians, legal representatives and assignees will not make a claim against, sue, attach the property of, or prosecute the *Horse Park at Woodside*, its landlord, directors, officers, members, employees or assignees, for any claim I now have or may hereafter have for death, injury or property damage resulting from my use of the facilities at the *Horse Park at Woodside*, whether caused by my acts of omission or negligence or any else's. In addition, it is understood that any and all insurance that I have shall be primary. To the fullest extent permitted by law, **I shall defend, indemnify & hold harmless** the *Horse Park at Woodside*, its landlord, directors, officers, agents and employees for and against any and all claims, damages, losses, expenses and liabilities of every kind, including but not limited to attorney's fees, in any way arising out of or in connection with my activities under this Agreement. This indemnify shall apply regardless of any active and/or passive negligent act or omission of the *Horse Park at Woodside*, its landlord, directors, officers, agents and employees.

I have carefully read this agreement and release and fully understand its contents. I am aware that this is a Release of Liability, a waiver of legal rights and contracts between me and The Horse Park at Woodside. I sign this agreement and liability at my own free will. I further acknowledge that there are no warranties either express or implied, concerning the facilities, events or activities at The Horse Park at Woodside.

Signature: _____

(*Must be signed by a Parent or Guardian if Member is under the age of 18*)

Please Print Name: _____

Emergency Contact Name(s): _____

Emergency Contact #(s): _____

Confidentiality Agreement

Every Professional Association of Therapeutic Horsemanship (PATH) International accredited adaptive riding program must have a policy for its staff and volunteers to maintain confidentiality of its students.

By signing this form, you are agreeing to abide by the confidentiality policy. This policy is in place to protect the confidentiality of the B.O.K. Ranch student and his or her treatment at B.O.K. Ranch.

Use discretion when talking about the students and make sure that if you are writing an article, doing a school project or exposing the student in any way to the public that you have permission from the student and his or her parents (if the student is a minor). This especially applies if you would like to use the student's name.

Signed _____ Date: _____

Signed _____ Date: _____
(Parent/guardian if under 18)

Name of Volunteer: _____ Date: _____
(If under 18)

