# Equine Tranquility Wellness Center, Inc.

1180 Ringwood Ave. Pompton Lakes, NJ 07442 (201) 970-3400 Fax: (973) 839-6337 colleengodea@aol.com

#### Volunteer/Staff Information and Health History To be completed by volunteer or parent/legal guardian

#### **General Information**

Name:			
Date of Birth:	Age: E-mai	ıl:	
Home phone:	Cell phone:	Work pho	ne:
Parent/Legal Guardian:	(if under 18)		
Mailing Address			
Employer/School:			
How did you hear about	Equine Tranquility Wellness C	enter?	
Have you ever been cha	rged with or convicted of a crim	ne? Y N (I	Please circle one)
Please explain:			
to receive information f departments, of this stat federal law, pertaining t including, but not limited I understand that such a and I expressly DO NO volunteers to disseminate organization or corporate	(volunteer/staff), autrom any law-enforcement agence or any other state or federal go o any convictions I may have had to, convictions for crimes conccess is for the purpose of consi Γ authorize Equine Tranquility te this information in any way to cion.	ey, including police do overnment, to the extend for violations of st numitted up children. dering my application Wellness Center Inc.	epartments and sheriff's ent permitted by state and ate or federal criminal laws, n as an employee/volunteer, employees or other
<u> </u>			
Signature of witness		Date	

#### **Health History**

Please indicate current or past problems in the following areas (particularly as related to the physical/emotional demands of working in a program that involves hippotherapy):

NO

COMMENTS

YES

Vision and Hearing		
Sensation		
Heart		
Breathing		
Digestion/GI		
Circulation		
Emotional/Behavioral		
Pain		
Bone/Joint		
Muscles/Movement		
Allergies		
	Last tub	perculosis test:
Describe abilities/experien	ice in working with ind	ividuals with disabilities:
,		
Is this volunteer experience	e to fulfill requirement	ts for school/other? If yes, please explain:

### PHOTO RELEASE

I consent to and authorize the use and reproduction by Equine Tranquility Wellness Center of an					
and all photographs and any other audio-visual material taken of me/my child/ward for promotion					
material, educational activities, and exhibitions or for any ot	ther use for the benefit of the program.				
Signature of volunteer/staff or parent/legal guardian	Date				
Signature of witness	Date				

## Equine Tranquility Wellness Center, Inc.

### **Volunteer Release of Liability**

This RELEASE of LIABILITY is made and entered into on thisday of, 2010, by	y and
between Equine Tranquility Wellness Center, Inc. and Colleen O'Dea, hereinafter designated "MANAG	ER" and
hereinafter designated VOLUNTEER, and if Volunteer is a minor,	aton of
Volunteer's parent or guardian, In return for the use, today and on all future dathe property, facilities and services of the Manager, the Volunteer, his heirs, assigns, and legal representative hereby expressly agree to the following:	
1. It is the responsibility of the Volunteer to carry full and complete insurance coverage on his horse, property and himself.	ersonal
2. Volunteer agrees to assume ANY AND ALL RISKS INVOLVED IN OR ARISING FROM THE VOLUNTEER'S USE OF OR PRESENCE UPON MANAGER'S PROPERTY AND FACILITIES including, we limitation but not limited to, the risks of death, bodily injury, property damage, falls, kicks, bites, collisions we vehicles, horses or stationary objects, fire or explosion, the unavailability of emergency medical care, or the negligence or deliberate act of another person.	rith
3. Volunteer agrees to hold Manager and all of its successors, assigns, subsidiaries, affiliates, officers directors, employees and agents completely harmless and not liable and release them from all liability what and AGREES NOT TO SUE them on account of or in connection with any claims, causes of action, injuries damages, cost or expenses arising out of Volunteer's use of or presence upon Manager's property and fact including without limitation, those based on death, bodily injury, property damage, including consequential damages, except if the damages are caused by the direct, willful and wanton negligence of the Manager.	tsoever s,
4. Volunteer agrees to waive the protection afforded by any statute or law in any jurisdiction whose pursubstance and/or effect is to provide that a general release shall not extend to claims, material or otherwise the person giving the release does not know or suspect to exist at the time of executing the release.	
5. Volunteer agrees to indemnify and defend Manager against, and hold it harmless from, any and all causes of action, damages, judgments, costs or expenses, including attorney's fees, which in any way aris the Volunteer's use of or presence upon the Manager's property and facilities.	
6. Volunteer agrees to abide by all of Manager's and the Facility's rules and regulations.	
7. If Volunteer is using his horse, the horse shall be free from infection, contagious or transmissible dis Manager reserves the right to refuse horse if not in proper health or is deemed dangerous or undesirable.	sease.
8. This contract is non-assignable and non-transferable and is made and entered into the State of New and shall be enforced and interpreted under the laws of this state. Should any clause be in conflict with State then that clause is null and void. When the Manager and Volunteer and Volunteer's parent or guardian, if is a minor, sign this contract, it will then be binding on both parties, subject to the above terms and condition	ate Law, Voluntee
Manager's Signature Volunteer's Signature	
Volunteer's Address/Phone Number	

Volunteer's Parent or Guardian (If Volunteer is a minor.)