



LiftMeUp!

Post Office Box 104
Great Falls, VA 22066

Volunteer Information Form

Name _____ Date of birth _____ Date _____

Address _____

Employer/School _____

Phone: (H) _____ (W) _____ (C) _____ e-mail: _____

Parent/legal guardian name and address (if under 18 years of age) _____

How did you learn about Lift Me Up! _____

Discuss the nature and extent of any previous experience you might have with:

(1) Horses and riding generally _____

(2) Therapeutic riding in particular _____

(3) Working with special needs children and/or adults _____

Mark with an X the days and times at which you would be available to volunteer on a regular basis:

| Time | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------------------------|--------|---------|-----------|----------|--------|----------|--------|
| Morning ~ 9:00 -12:00 | | | | | | | |
| Afternoon ~ 1:00 - 4:00 | | | | | | | |
| Late afternoon ~ 4:00 -7:00 | | | | | | | |

Are you willing to serve as a substitute for volunteers who cannot attend their regularly scheduled lessons? _____

If so, mark with an X the days and times at which you would be available to act as a substitute.

| Time | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------------------------|--------|---------|-----------|----------|--------|----------|--------|
| Morning ~ 9:00 -12:00 | | | | | | | |
| Afternoon ~ 1:00 - 4:00 | | | | | | | |
| Late afternoon ~ 4:00 -7:00 | | | | | | | |

Indicate with an X specific areas of the program in which you are interested in becoming involved:

Program

- Leading a horse
- Sidewalking with a student
- Stable management
- Facility repairs

Special Events

- On-site horse shows
- Off-site horse shows
- Ride-A-Thon
- Special Olympics

Administration

- Public relations
- Fundraising
- Grant writing
- Volunteer Recruitment

- Photography/video
- Newsletter
- Budget and Finance

CONTINUED ON BACK

STAFF USE ONLY

Volunteer assignment: Day/Time/Instructor _____ Training attended - date _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at Lift Me Up! is confidential and will not be shared with anyone without the express written consent of the participant and his or her parent/guardian in the case of a minor.

Signature: _____ Date: _____

If under 18, signature of parent or guardian: _____

• • • • • • • •

Accuracy Statement

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: _____

If under 18, signature of parent or guardian: _____



LiftMeUp!

Post Office Box 104
Great Falls, VA 22066

Authorization for Emergency Medical Treatment Form

Participant

Staff

Volunteer

Name _____ Date of birth _____ Phone _____

Address _____

Physician's Name _____ Preferred Medical Facility _____

Health Insurance Company _____ Policy Number _____

Allergies to medications _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Lift Me Up! to:

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

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(s) above is unable to be reached.

Date: _____ Consent Signature: _____
Client/Parent/or Legal Guardian

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Consent Signature: _____
Client/Parent/or Legal Guardian

LIFT ME UP! BARN RULES AND REGULATIONS

Violations of these rules and regulations could result in termination of participation in LMU activities.

PLEASE SIGN BELOW. RETAIN ONE COPY FOR YOUR RECORDS, RETURN ONE TO LMU.

****KEEP DRIVEWAY GATE CLOSED****

1. **ALL PARTICIPANTS (RIDERS, VOLUNTEERS, AND STAFF) WORKING WITH ANY HORSE MUST SIGN LMU'S WAIVER PRIOR TO PARTICIPATING AND GIVE TO LMU. If participant is under 18 years of age, parent or legal guardian must sign waiver.**
2. **VISITORS (anyone other than LMU staff, trained volunteers, and riders with appropriate supervision) are not allowed in stalls or turnout areas. Riders may enter stalls ONLY with appropriate staff and volunteer supervision.**
3. **EVERYONE MUST WEAR A PROPERLY FITTED ASTM/SEI APPROVED HELMET WHEN MOUNTED** – LMU also requires that riders wear these helmets when grooming.
4. **No SMOKING in or around barn.**
5. **No drinking of ALCOHOLIC beverages or use/possession of illegal substances on property.**
6. **Jeopardizing the safety of horse or human in any way will not be tolerated.**
7. Always CLEAN UP after yourself and your horse (aisle, rings, tack room, etc.) – put manure and trash in proper places – turn off LIGHTS and WATER when done.
8. Do NOT FEED horses, including treats or hay, without permission from LMU, or make adjustments to feed without discussing with LMU.
9. Do not wander around personal property unless accompanied by LMU personnel.
10. Volunteers and staff must wear appropriate shoes/boots while working around horses.
11. INDOOR ring lights are to be on only when riding inside – use ones marked “INSIDE” for best lighting.
12. All injuries, accidents, or damages must be reported to LMU immediately.
13. Keep tack rooms clean – swept and trash emptied.
14. Disrespect for others will not be tolerated.
15. Do not ride horses in the barn aisles.
16. Please refrain from using PROFANITY.
17. Regard all parking and traffic regulations.
18. Refrain from engaging in disruptive behavior or making loud noises that might frighten animals.
19. NO RUNNING around the horses.
20. Please do not climb or hang on gates.
21. NO DOGS.

I/we acknowledge that I/we have read, understand, and am/are willing and able to follow the rules and regulations listed above. Additionally, I/we understand that not complying with these rules and regulations can result in immediate termination of participation in LMU activities.

Participant: _____ Print Name: _____ Date: _____

Parent/Guardian: _____ Print Name: _____ Date: _____



LIFT ME UP! FOUNDATION, INC.
RELEASE, WAIVER & INDEMNITY AGREEMENT

It is recognized that any horse-related activity entails risk. While Lift Me Up! (LMU!) and Mr. and Mrs. Harry Dougherty, Jr. (Doughertys) will endeavor to provide safe conditions on their properties, they cannot guarantee that they can eliminate all risk. LMU! and the Doughertys grant riders, volunteers, instructors, and others participating in or observing the program permission to enter the premises of LMU! 9704, Doughertys 9700, 9628, and 9630 Georgetown Pike, Great Falls, VA 22066.

The undersigned (hereinafter referred to as "Participant"), being of legal age or signing in conjunction with a parent or legal guardian if not of legal age, desires to enter upon the premises referenced by addresses above and known as LMU! or Doughertys, and/or to use horses and/or facilities either owned or controlled by the Lift Me Up Foundation ("LMUF"), and/or to receive training or instruction from the agents, volunteers or employees of LMUF, and being fully aware of the risk of injury and dangers inherent in entering upon said premises and/or the riding and handling of horses, hereby elects voluntarily to enter upon said premises and/or to participate in said activities, and does hereby willingly enter into this Release, Waiver and Indemnity Agreement.

Therefore, in consideration of being permitted to enter upon the premises known as LMU! and/or receive instruction or assistance from the agents, volunteers or employees of LMUF, Participant assumes all risks of loss, damage, or injury that might be sustained by any or each of the undersigned or any property of any or each of the undersigned while participating in or observing the riding for the disabled program or en-route to or from these premises. Participant knowingly and expressly waives Participant's rights to sue LMUF and its officers, directors, volunteers, employees, agents, successors, heirs, and assigns; and Mr. and Mrs. Harry Dougherty, Jr., and their agents, successors, heirs and assigns, for any injury, death, loss, or damage caused to Participant or to Participant's property, and Participant agrees to assume all risks inherent in riding or otherwise coming in contact with horses, including, without limitation, the risks of injury, death, loss, or damage to Participant or to Participant's property. Participant acknowledges that Participant has been given notice of the risks inherent in and intrinsic dangers of equine activities, including (i) the propensity of an equine to behave in dangerous ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collision with other animals or objects; and (v) the potential of Participant acting in a negligent manner that may contribute to injury to Participant or others, such as failing to maintain control over the equine or not acting within Participant's ability, and Participant expressly agrees to assume all such risks and waives all rights to sue for injuries caused by such risks. This waiver and express assumption of risks shall specifically apply to Participant and to any and all minor children and/or wards of Participant, in accordance with the terms of Va. Code Ann. §3.1-796.132B and shall be construed to comply with all exculpatory terms of the Virginia Equine Activity Liability Act, Va. Code Ann. §§3.1-796.130 *et seq.* (Chapter 27.5, Code of Va. (1950)). Further, this release shall be binding upon the distributees, heirs, executors, administrators, and guardians of each of the undersigned.

If Participant is a minor or otherwise under a legal disability, this agreement shall be signed by Participant's parent or legal guardian. By signing, the parent or legal guardian agrees: (i) to waive the parent's, guardian's and Participant's rights to sue the parties named in the immediate preceding paragraph; (ii) to assume, on behalf of the parent, guardian, and Participant, the risks set forth in the immediately preceding paragraph, in addition to all other risks of riding or otherwise coming into contact with horses; and (iii) to indemnify and hold harmless LMUF and its officers, directors, volunteers, employees, agents, successors, heirs, and assigns; and Mr. and Mrs. Harry Dougherty, Jr., and their agents, successors, heirs, and assigns, from any and all costs of defending such claims, including attorneys' fees.

It is expressly agreed by Participant and any parent or guardian whose signature appears on this document that this Release, Waiver and Indemnity Agreement shall be governed and construed as being sufficient to satisfy the assumption of risk and waiver requirements necessary to relieve equine activity sponsors and equine professionals from liability under the Virginia Equine Activity Liability Act, and that LMUF and its board of directors, volunteers and employees, and Mr. and Mrs. Harry Dougherty, Jr. are covered by the provisions of that Act. This Release, Waiver and Indemnity Agreement shall be governed and construed by the laws of the Commonwealth of Virginia, regardless of where any injury or loss shall occur. In the event that any portion of this Release, Waiver and Indemnity Agreement shall be declared unenforceable, such declaration shall not affect the remaining terms of this document, which shall survive intact.

Participant has been advised to wear protective headgear and hard-soled, heeled footwear at all times while riding or otherwise coming in contact with horses, and expressly assumes the risk of injury resulting from a failure to do so and/or from selecting headgear or footwear that does not adequately protect against injury.

Due to the number of students involved, risks inherent in activities typically conducted at a horse center, and for other valid reasons, Mr. and Mrs. Harry Dougherty, Jr., cannot be responsible for payment of emergency medical and health care services that possibly could result from an accident of some kind. By signature below, Participant agrees to support the position of the Doughertys in regard to emergency medical or other type of emergency situation.

CAUTION: READ BEFORE SIGNING

Participant

Parent or Guardian

Printed Name

Printed Name

Date: _____

Date: _____

PHOTO RELEASE

CONSENT

I hereby consent to and authorize the use and reproduction by LIFT ME UP! of any and all photographs and any other audiovisual materials taken of me/my son/daughter/ward for promotional printed materials, educational activities, and exhibitions or for any other use for the benefit of LIFT ME UP!

Signature: _____ Date: _____
Rider/Participant, if over 18, or Parent/Guardian

NON-CONSENT

I hereby DENY consent to and REFUSE to authorize the use and reproduction by LIFT ME UP! of any and all photographs and any other audiovisual materials of me/my son/daughter/ward for any purpose.

Signature: _____ Date: _____
Rider/Participant, if over 18, or Parent/Guardian