



Temporary Participant Application

Name (First, Last) _____ Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

E-mail Address: _____

Home Phone: _____ Work: _____ Cell: _____

Parent/Guardian Name(s), if under age 18 or dependent adult: _____

Parent/Guardian Contact information if different from above: _____

Primary Emergency Contact (Name and Phone number): _____

School/Group Association Name (if applicable): _____

Name of person in charge of group (if applicable): _____

Health History:

Please list any allergies or conditions that may affect you during the time at which you are volunteering (Easily fatigued, asthma, allergic to bee stings, any major surgeries or conditions that EMS would need to be notified of in the event of an emergency). List any medications you are currently taking.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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 Montgomery Area Nontraditional Equestrians 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.

Consent:

Yes No

Signature: _____ Date: _____

PHOTOGRAPHY CONSENT/NON-CONSENT

MANE (Montgomery Area Non-Traditional Equestrians) often takes still pictures and/or videos of students, clients, volunteers and instructors. This is done for several reasons. Rider progress and acquisition of skills provide instructors and clients with necessary information and positive feedback. Photos/videos are also used in brochures, presentations, posters, and on our website for publicity. They are also occasionally provided to students for keepsakes.

Please check on of the boxes below to indicate your preference for photograph/video of you/your child for the aforementioned purposes.

Consent:

Yes No

Participant/Parent/Guardian Signature

Date

Instructor or Representative of MANE Signature

Date

CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) about participants at MANE is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor. This includes all medical, social, referral, personal, financial, and otherwise sensitive information. I understand that individuals who breach confidentiality will be removed from the MANE program.

Signature: _____

RELEASE OF LIABILITY

To be completed by the adult participant, participant's parent, or participant's legal representative.

This release of liability is made and entered into on this date, _____, by and between Montgomery Area Nontraditional Equestrians, hereinafter known as MANE, and staff/participant/volunteer (print name), _____, hereinafter known as participant, and (if a minor or incompetent adult) participant's parent, legal guardian, or legal representative (print name) _____. In return for participation in MANE's therapeutic horseback riding activities, special events and fundraisers, the participant, his/her heirs, assigns, and legal representatives hereby expressly agree to the following:

1. Participant agrees to assume any and all risks involved in or arising from participant's participation or presence upon the property and facilities, including, without limitation, but not limited to the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses, or stationary objects, fire or explosion, the unavailability of emergency medical care, or the negligence or deliberate act of another person.
2. Participant agrees to hold MANE and all of its successors, assigns, subsidiaries, franchisee, affiliates, officers, directors, employees, agents, and boarders completely harmless and not liable and release them from all liability whatsoever and agrees not to sue them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of participant's participation and/or presence upon MANE's property and facilities, 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 MANE.
3. Participant agrees to waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material, or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.
4. Participant agrees to indemnify and defend MANE against, and hold it harmless from, any and all claims, causes of action, damages, judgments, costs, or expenses, including attorney's fees, which in any way arise from participant's participation and/or presence upon MANE's property or facilities.
5. This contract is non-assignable and non-transferable and is made and entered into the State of Alabama and shall be enforced and interpreted under the laws of this state. Should there be any clause in conflict with State Law, then that clause is null and void. When MANE and participant or participant's parent, legal guardian, or adult caregiver signs this contract, it will then be binding on both parties, subject to the above terms and conditions.

Participant/Parent/ Legal Guardian/Legal Representative Date

MANE Representative Signature Date