



MORNING STAR ADAPTIVE RIDING CENTER

VOLUNTEER INFORMATION

Thank you for volunteering at Morning Star Riding Center!

Name of Volunteer: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Height: _____ Weight: _____

If under 18, please complete the following:

Parent/Guardian Name(s): _____ Phone: _____

Weekly Availability by Volunteer Category

Morning Star has two (2) volunteer categories with specific tasks assigned in each category: 1. Working with clients and horses **weekly** during therapeutic riding lessons, and 2. Barn, horse, and tack maintenance. Please check the times that you are available to volunteer **weekly**, by category desired. (Note: Volunteers must be 14 or older.)

OFFICE USE ONLY

Contact Date: _____ Entered FS: _____ Training Date: _____ Sub: _____ Inactive: _____

Rev. June 2022

Category 1: Lesson Tasks – Monday thru Thursday

	Mon	Tues	Wed	Thurs
3:45 – 4:45 pm				
4:45 – 5:45 pm				
5:45 – 6:45 pm				
6:45 – 7:45 pm				

Volunteers are needed for **weekly commitments** in both volunteer categories.

Volunteers may choose to participate in **one or both categories**.


Training is provided for all tasks prior to scheduling.

Category 2: Barn, Horse & Tack Maintenance – Monday thru Friday

	Mon	Tues	Wed	Thurs	Fri
1:00 – 2:00 pm					
2:00 – 3:00 pm					
3:00 – 4:00 pm					
4:00 – 5:00 pm					

Confidentiality Agreement

I understand that all information (written and verbal) about clients of MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY is confidential and may not be shared with anyone without the expressed written consent of the clients and his/her parent/guardian in the case of a minor.

_____ Date 

Signature of Volunteer, or Parent/Guardian if under 18

Photo Release

I DO DO NOT consent to and authorize the use and reproduction by MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY of any and all photographs and audio/visual materials taken of me for promotional material or for any other use for the benefit of the program, including but not limited to social media, publications and marketing.

_____ Date 

Signature of Volunteer, or Parent/Guardian if under 18

Release of Liability

Name of Volunteer: _____

I acknowledge the risks and potential for risks of working with horses. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages or otherwise against MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY, its Board of Directors, Officers, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating at MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY

WARNING: Under Nebraska Law, an 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 pursuant to sections 25-21, 249 to 25-21,253.

Yes, I would like above named person to volunteer in an equestrian program at MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY. I understand and agree that MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY, its Board of Directors, Officers, Instructors, Therapists, Aides, Volunteers and/or Employees will have NO LIABILITY in the event of any accident that may occur.

No person can be accepted to volunteer in a MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY program until this form has been signed. If the person is of legal age (18), he or she may complete and sign the form if he or she is legally competent to do so. All minors must have the signature of a parent/guardian. All activities will be under supervision and, although reasonable effort will be made to avoid any accident, MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY will have NO LIABILITY.

I acknowledge that any involvement with horses is a high-risk activity. I have read this notice and release of liability and fully understand and agree with its content.



Signature of Volunteer, or Parent/Guardian if under 18

Date

Volunteer Health History and Emergency Medical Treatment Authorization

Name of Volunteer: _____ DOB: _____

Describe any health history requiring special consideration, including allergies, seizures, current medications and dosage, recent surgeries, joint function, cardiac and fitness level. (use back of page if needed):

PREFERRED Medical Facility: _____

Insurance Carrier: _____ Policy # _____

Emergency Contact Information

Name: _____ Relationship: _____

Preferred Phone: _____ Alternate Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury while volunteering or being on the property of MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY, I authorize staff of MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY to secure and retain medical treatment and transportation, if needed.

Please choose one:

I CONSENT to the above stated emergency medical procedures

I DO NOT CONSENT to the above emergency medical procedures, and I would like the following procedures to take place in the event of an emergency:

Signature of Volunteer, or Parent/Guardian if under 18 _____ Date _____ 

Please email or send completed application to:

info@stillwaterseq.org
MORNING STAR RIDING CENTER
18221 S. 68TH St., Hickman, NE 68372

Once your completed application is received, Morning Star staff will contact you to discuss current lesson needs and schedule training for volunteer tasks.