

CHASTAIN HORSE PARK VOLUNTEER FORM
(PLEASE PRINT CLEARLY)

Name: _____ Home Phone: _____
Street: _____ Cell Phone: _____
City: _____ Zip: _____ E-mail: _____
How did you learn about us? _____ Birth Year: _____

IN CASE OF EMERGENCY:

Contact Name: _____ Contact Phone: _____
Physician: _____ Hospital, City: _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOUR PARENT OR GUARDIAN MUST SIGN THIS FORM. If under 18, please give name of (circle one) Parent/Guardian/Caregiver: _____ Phone: _____

MEDICAL RELEASE: In case of an emergency, I give permission to Chastain Horse Park to secure medical treatment including x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital service rendered under the general or specific instructions of any physicians or hospital. The undersigned hereby agrees to pay all fees and expenses of doctors, hospitals, ambulances and other medical expenses reasonably and necessarily incurred.

PHOTO RELEASE: I consent to and authorize the use and reproduction by Chastain Horse Park of any and all photographs and any other audio visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

LIABILITY RELEASE: I acknowledge the risks and potential risks of a horseback riding program, including risk of bodily injury or death resulting from kicks and bites, falling off horses or horse falling on rider, being dragged by a foot caught in the stirrups, being thrown by horse, equipment failure or collision with horses or vehicles or other inanimate objects. However, I feel the possible benefits to my family or the child I care for 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 against Chastain Horse Park, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain as a result of use of Chastain Horse Park property, equipment, or facilities.

WARNING: Under Georgia law, an equine activity sponsor or 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 Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

I understand that all information (written and/or verbal) about participants at this center is confidential and will not be shared with anyone outside the center.

I HAVE READ THE ABOVE RELEASES AND GIVE EMERGENCY MEDICAL, PHOTO, AND LIABILITY CONSENT AS INDICATED ABOVE:

Signature: _____ Date: _____

Print Name: _____

HORSE EXPERIENCE: _____

OTHER SKILLS: (languages, medical, administrative, other) _____

POTENTIAL AVAILABILITY (CHECK ALL THAT APPLY):

WEEKDAYS:	MON.	TUES.	WED.	THUR.	FRI.	WEEKENDS:	SAT.	SUN.
Before 2p:	_____	_____	_____	_____	_____		_____	_____
After 3p:	_____	_____	_____	_____	_____		_____	_____

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www.chastainhorsepark.org