



Colorado HorsePower, Inc.
5027 Garton Rd • Castle Rock, CO 80104
info@coloradohorsepower.org
Phone: (303) 594 ~ 1509
www.coloradohorsepower.org



Authorization for Emergency Medical Treatment Form

☐ Participant ☐ Staff ☐ Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy#: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

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 HorsePower, Inc. 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.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" 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

Meadow Brook Farms
5027 Garton Road
Castle Rock, CO 80104
Phone: (303) 887-6070

RELEASE OF LIABILITY

(Please read before signing)

UPON my acceptance of horse and/or equipment for riding and/or instruction purposes, or upon my acceptance of riding or visiting the property of Meadow Brook Farms located at:

5027 Garton Road
Castle Rock, CO 80104

Mark Renn or Leigh Anderson or any of their agents, employees, representatives, outside trainers, outside instructors (hereinafter "releasers") utilizing my own horse and equipment, or upon permission to ride on or enter the premises, I acknowledge that the use, handling and riding of a horse involves a risk of physical injury to any individual undertaking such activities; and that a horse, irrespective of its training and usual past behavior and characteristics, may act or react unpredictably at times based upon instinct or fright which, likewise, is an inherent risk assumed by a horseback rider. The undersigned expressly assumes such risk and waives any and all claims he/she might state against releasers as a result of physical or mental injury incurred in said activities. Except to the extent such claim might be based upon the sole and exclusive negligence of the stables, the undersigned further agrees to hold releasers, its owners, agents and employees, harmless for physical or mental injury to others or for property damage, which results from rider's use of the stable's horse, or my own horse, in violation of any instruction, rules or the terms and conditions of this Agreement.

Should any lawsuit result from participant utilizing the Meadow Brook Farms facility for riding instruction or personal pleasure, be it also understood that the participant shall be deemed liable for all legal fees and costs incurred by releasers if judgment is made in the defendant's favor. Under Colorado law, an equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equestrian activities, pursuant to Colorado Revised Statutes, Section 13-21-119. Under Colorado law, an equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equestrian activities, pursuant to Colorado Revised Statutes, Section 13-21-119.

THIS AGREEMENT AND RELEASE shall be effective and binding upon the parties hereto from and after the date indicated until revoked in writing. The undersigned acknowledges have read and understood this Agreement and Release.

Releaser – Print Name

Releaser – Sign Name

Participant's Name

Parent/Guardian/Participants Signature

Date: _____

Volunteer Job Descriptions

Name: _____

Volunteers are what make HorsePower, Inc. able to provide therapeutic equine programming. Without your dedication HorsePower, Inc. wouldn't be possible. As a volunteer HorsePower, Inc. wishes to make sure you understand the responsibilities of being a volunteer. Please read the following information.

Side Walking

- Individuals may be assigned as a **Silent Partner** and/or as a **Coach**. The **Silent Partner** helps reinforce all instruction with hand over hand movements but limited verbal communication as to not confuse the participant. The **Coach** helps reinforce all instruction with hand over hand and verbal communication. Both the **Silent Partner** and the **Coach** are responsible for the safety of the participant. If an emergency situation would arise, the **Silent Partner** and the **Coach** should follow emergency protocol.
- Arrive at least 15 minutes before the scheduled lesson time and sign-in/sign-out to track volunteer hours.
- Listen and follow all instruction from the Instructor. If you have suggestions, comments or questions please talk with the Instructor after the lesson, if appropriate.
- Be informed about all HorsePower, Inc. Emergency Procedures and General Policies through actively participating in offered Volunteer Orientations, Trainings and Enrichment Opportunities.
- Report ANY Unusual Occurrences to the Instructor immediately.
- Inform the General Manager in a timely fashion of absences.

Head Walking

- Individuals assigned as a **Head Walker** help reinforce cues to the horse and/or cues from the participant to the horse. The **Head Walker** is also responsible for catching, grooming, tacking and warm-up of their assigned horse. It is important to allow a participant the opportunity to learn through mistakes or the time necessary to give a cue to his/her horse. The **Head Walker** is responsible for the safety of the horse in an emergency situation, and should follow emergency protocol.
- Arrive at least ½ hour before the scheduled lesson time and sign-in/sign-out to track volunteer hours.
- Listen and follow all instruction from the Instructor. If you have suggestions, comments or questions please talk with the Instructor after the lesson, if appropriate.
- Be informed about all HorsePower, Inc. Emergency Procedures and General Policies through actively participating in offered Volunteer Orientations, Trainings and Enrichment Opportunities.
- Report ANY Unusual Occurrences to the Instructor immediately.
- Inform the General Manager in a timely fashion of absences.

All Volunteers Positions

- Respect and listen to any and all instruction provided for the job at hand.
- Focus on the mission of HorsePower, Inc. and the needs of the organization.
- Remember to keep myself and others safe at all times.
- Report ANY Unusual Occurrences to the Instructor/General Manager immediately.
- Be flexible in helping with duties above and beyond my assigned jobs
- Have the right to ask questions, provide feedback at appropriate times but understand that not all feedback or suggestions may be implemented.
- Inform the General Manager in a timely fashion of absences.

I acknowledge that I have read the above information and will follow the Volunteer Job Descriptions to the best of my ability.

If you are unable to perform any of the duties listed above, the General Manager to discuss other options.

If you do not agree with any decisions made, you are encouraged to contact the President of the Board of Directors.

Signature: _____ Date: _____

Name (Printed): _____

Signature of parent or guardian if under 18 years: _____