



Volunteer Information & Releases

Please fill out completely & return to The Children's Ranch Foundation, 4007 Verdant Street, Los Angeles, CA 90039.

Volunteer NAME: _____ Occupation/Employer: _____

Home Address: _____ City/State/Zip: _____

Work Address/School: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Date of Birth (if under 18) : _____ Parent/Guardian Name (if applicable): _____

Email Address: _____ Parent/Guardian email (if applicable): _____

Allergies: _____ Special Needs: _____

Experience with Horses: _____

Experience with Children: _____

PERSONAL REFERENCES (Name & Contact Information):

1. _____

2. _____

EMERGENCY CONTACT:

NAME: _____ DAYTIME PHONE: _____

PHOTOGRAPHY & VIDEO CONSENT

I hereby give The Children's Ranch Foundation the irrevocable right to use my photograph for reproduction in any medium for the purpose of advertisement, trade, display, or exhibition.

Volunteer or Parent/Guardian Signature: _____ Dated: _____

Questions? Please call or email:

Jackie Sloan, Director
The Children's Ranch Foundation
213-447-6456
www.thechildrensranch.org
email: jackie@thechildrensranch.org



**PARTICIPANT'S AUTHORIZATION FOR
EMERGENCY MEDICAL TREATMENT**

Participant's name: _____ Date of Birth: _____
Participant's Parent or Legal Guardian name: _____ Home phone: _____
Cell Phone: _____ Work phone: _____
Address: _____
Participant's Diagnosis (if any): _____
Physician's Name: _____ Medical Facility: _____
Physician Address/phone: _____

Health Insurance Co: _____ Policy #: _____

Participant's Allergies? _____
Allergies to medications: _____
Participant's Current medications: _____

Possible side effects to medications: _____

In the event of an emergency, if parent/legal guardian cannot be reached, contact:
Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

Consent Plan

In the event that emergency medical aid/treatment is required for Participant due to illness or injury during the process of receiving services, or while being on the property of The Children's Ranch, and the above cannot be reached, I authorize The Children's Ranch Foundation (including Jackie Sloan, President, Director and instructor, and any and all independent contractors, staff and volunteers working with The Children's Ranch Foundation) to:

1. Secure and retain medical treatment and transportation if needed.
2. Release Participant's 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 "life saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Date: _____ Consent signature: _____
Participant, or Participant's 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 to Participant during the process of receiving services or while being on the property of The Children's Ranch. In the event emergency treatment/aid is required for Participant, I wish the following procedures to take place:

Date: _____ Non-consent Signature: _____
Participant, or Participant's Parent or Legal Guardian



THE CHILDREN'S RANCH FOUNDATION
4007 Verdant Street
Los Angeles, CA 90039
www.thechildrensranch.org 213-447-6456

PARTICIPANT'S RELEASE AND HOLD HARMLESS AGREEMENT
This Release Limits Our Liability. Read It!

By signing this Participant's Release and Hold Harmless Agreement ("Agreement"), I, on behalf of myself, my minor child(ren), and any successors and assigns (hereinafter collectively referred to as "I," "me" or "my"), acknowledge that equine assisted activities, therapeutic and pleasure horse riding are dangerous activities that may result in injury (including death) to me, my horse or my equipment. With this knowledge, in consideration for the services of The Children's Ranch Foundation, located at The Children's Ranch, Inc. (The Children's Ranch Foundation and The Children's Ranch, Inc., including but not limited to Jackie Sloan, Director and instructor, are collectively referred to herein as the "Ranch"), and as inducement for the Ranch to provide equine assisted activities, therapeutic and pleasure riding to me, I hereby waive, release, discharge and hold harmless the Ranch, its officers, directors, employees, independent contractors, volunteer assistants, agents, and each of its, his or her heirs, executors, administrators, successors or assigns (the Ranch, its officers, directors, employees, independent contractors, volunteer assistants, agents, and each of its, his or her heirs, executors, administrators, successors or assigns shall be referred to herein as "the Ranch Released Parties") from any and all liability for damages sustained by me, my family, any animal owned or controlled by me or the Ranch Released Parties, or for any item of personalty under my dominion and control. Without limiting the generality of the above, I hereby waive and release the Ranch Released Parties for liability based on any act or omission or the active or passive negligence of said Ranch Released Parties. _____ (initials)

I hereby agree to indemnify and hold the Ranch Released Parties associated therewith harmless from all liability for loss, damage or injury to persons or property, including damages, judgments, attorney's fees and costs of suit, resulting from any alleged act or omission, or the alleged active or passive negligence of the Ranch Released Parties, or the actions of any animal within my, my instructor's, or the Ranch Released Parties' control. _____ (initials)

This Agreement and release extends to all claims, whether presently known or unknown. I hereby expressly waive any benefits I may have pursuant to Section 1542 of the California Civil Code relating to the release of unknown claims, which provides:

"A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR." _____ (initials)

I acknowledge that I have read the foregoing and understand the contents thereof **and agree to all terms stated herein.**

Dated: _____
Signature

Please PRINT Name e-mail Address

MINORS MUST HAVE THE FOLLOWING SIGNED BY THEIR PARENTS OR LEGAL GUARDIANS

I, the undersigned, parent or guardian of _____, for and in consideration of our child's participation at the Ranch, state that I have read the foregoing Participant's Release and Hold Harmless Agreement and I expressly agree that the terms and conditions of said Agreement shall apply to and be binding upon me and my minor child. I further warrant I have health and accident insurance for said minor.

Dated: _____
Parent or Legal Guardian's Signature

Parent or Legal Guardian PRINTED Name Parent or Legal Guardian's Address (City/State)