



# Challenged Champions Equestrian Center

11913 Road 6 Ottawa, Ohio 45875 ~ (419) 456-3449  
challengedchampions@yahoo.com

## VOLUNTEER/ STAFF GENERAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer/School: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Text: Yes or No  
Parent/Legal Guardian Name & Address: \_\_\_\_\_  
How did you learn about the program? \_\_\_\_\_

## PHOTO RELEASE

Please circle one: I DO or I DO NOT

Consent to and authorize the use and reproduction by CHALLENGED CHAMPIONS EQUESTRIAN CENTER of any and all photographs and any other audio/visual materials taken of me (or the minor being signed for) for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime YES or NO; if yes, please explain: \_\_\_\_\_

I, \_\_\_\_\_ (name), authorize CHALLENGED CHAMPIONS EQUESTRIAN CENTER to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of the state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals. I understand that such access is for purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize the PATH Intl. center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

CURRENT DRIVERS LICENSE: Y N Licence # \_\_\_\_\_ State: \_\_\_\_\_

## CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) about participants at this PATH intl. center is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

I understand that the information provided above is accurate to the best of my knowledge, I know of no reason why I should not participate in this operating center's program. **This signature represents the background information statement, and confidentiality agreement statement.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Challenged Champions Equestrian Center

11913 Road 6 Ottawa, Ohio 45875 ~ (419) 456-3449  
challengedchampions@yahoo.com

## MEDICAL INFORMATION

Name: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Medical Facility: \_\_\_\_\_  
Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Allergies to medications: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Health History \_\_\_\_\_  
Recent Medical Tests: Last Tetanus Shot: \_\_\_\_\_ Tuberculosis Test: + - Date: \_\_\_\_\_  
(consult with your physician or local health department if you are not up to date with these shots/tests)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In the event of an Emergency:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event emergency medial 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 CHALLENGED CHAMPIONS EQUESTRIAN CENTER to:

1. Secure and retain medical treatment and transportation if needed
2. Release volunteer/staff records upon request to the authorized individual or agency involved in the medial emergency treatment.

## CONSENT PLAN

This authorization includes x-ray, surgery, hospitalizations, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked of the person(s) above is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
(Volunteer/Staff, Parent/Legal Guardian)

## NON-CONSENT PLAN

I do not give my consent for emergency medial treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Non-consent Signature: \_\_\_\_\_  
(Volunteer/Staff, Parent/Legal Guardian)

## Horse Riding Agreement and Liability Release Form

**THIS FORM MUST BE COMPLETED BY AND FOR EACH PARTICIPANT, STAFF AND VOLUNTEER.**

Challenged Champions Equestrian Center Inc., Champions Therapy and Gary L. and Laura S. Luginbill dba Rising River Quarter Horses hereinafter known as "THIS STABLE" located at 11913 Road 6 Ottawa, Ohio 45875.

**PLEASE READ CAREFULLY BEFORE SIGNING.**

**This stable does not guarantee your safety.**

- A. Registration of Riders and Agreement Purpose:** I, the following listed individual hereinafter known as RIDER, and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in horse riding in the Challenged Champions Equestrian Center Inc. and/or Champions Therapy program on THIS STABLE'S premises \_\_\_\_\_ (printed name).
- B. Agreement Scope and Territory and Definitions:** This agreement shall be legally binding upon me the registered RIDER and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of the state and country of THIS STABLE'S physical location. Any disputes by the RIDER shall be litigated in and venue shall be the county in which THIS STABLE is physically located. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The term HORSE herein shall refer to all equine species. The term HORSEBACK RIDING or RIDING herein shall refer to riding or otherwise handling of horses, ponies, mules, or donkeys whether from the ground or mounted or otherwise handles or comes near a horse from the ground. The terms I, ME, MY, shall herein refer to the above registered rider and the parents or legal guardians thereof if a minor.
- C. Activity Risk Classification:** I UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY and that there are numerous obvious and non-obvious inherent risks always present in such activity despite all safety precautions. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.
- D. Conditions of Nature:** THIS STABLE is NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightning, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, fly near, bite and/or sting a horse or person; and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape.
- E. Inspection of Premises:** I UNDERSTAND THAT: I have inspected THIS STABLE'S facilities and trails and am satisfied that all premises conditions are reasonably safe for my intended purpose, usage and presence upon THIS STABLE'S premises.

- F. Accident/Medical Insurance:** I AGREE THAT: Should medical treatment be required, I and/or my own accident/medical insurance company **shall pay for all** such incurred expenses. My accident/medical company is \_\_\_\_\_ and my policy number is \_\_\_\_\_.
- G. Liability Release:** I AGREE THAT: In consideration of THIS STABLE allowing my participation in this activity, under the terms set forth herein, I the RIDER and/or parents or legal guardians of RIDER, for myself and on behalf of my child and/or legal ward heirs, administrators, personal representatives or assigns, do agree to hold harmless, release and discharge THIS STABLE, its owners, agents, employees, officers, directors, representatives, assigns member, owner of premises and trails, affiliated organizations and Insurers, and others acting on its behalf (hereinafter, collectively referred to as "ASSOCIATES"), from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated due to THIS STABLE'S and or ITS ASSOCIATES ordinary negligence; and I do further agree that except in the event of THIS STABLE'S gross negligence and willful and wanton misconduct, I shall not bring any claims demands, legal actions and causes of action, against THIS STABLE and ITS ASSOCIATES as stated above in this clause for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS STABLE, to include while riding, handling, or otherwise, being near horses owned by or in the care, custody and control of THIS STABLE, whether on or off the premises of THIS STABLE.

**All Riders and Parents or Legal Guardians must sign below after reading this entire document.**

**SIGNER STATEMENT OF AWARENESS**

**I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. I/WE FURTHER ATTEST THAT ALL FACTS RELATING TO THE APPLICANT ARE TRUE AND ACCURATE.**

---

SIGNATURE OF RIDER OR PARENT/LEGAL GUARDIAN

DATE

---

ADDRESS IN FULL

PHONE #