

# Access Adventure Horse Drawn Driving Program Liability Release, Volunteer Information and Health History.

## General Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer/School \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone(H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email address: \_\_\_\_\_

(Minor) Parent/Legal guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Health History:** Please describe your current health status, particularly regarding the physical and emotional demands of working in a horse drawn driving program. Address fitness, cardiac, respiratory, bone or joint function, and/or recent hospitalizations/surgeries. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Do you carry your medication at all times? \_\_\_\_\_ In an emergency if another person has to get it for you, where will it be? \_\_\_\_\_

Last Tetanus shot: \_\_\_\_\_ Tuberculosis test +, date: \_\_\_\_\_

## Volunteer Liability Release:

As a volunteer for the Access Adventure, I acknowledge the risks and potential for risks of a horse drawn carriage driving program. However, I believe that the possible benefits to the clients that I work with and myself are greater than the risk assumed. I am voluntarily participating as a volunteer and I voluntarily assume all risks, consequences and potential liability for this participation, including any and all liability, claims, causes of action, debts and demands that may arise from my participation. In case of my injury, accident, illness or inability to complete this activity, I understand that I will bear the full cost of any additional transportation or evacuation procedures performed by Access Adventure. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors or administrators, waive and hereby release forever, all claims for damages against Access Adventure, Solano Land Trust, Muir Heritage Land Trust, Rush Ranch Education Council, Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating in the Access Adventure Program.

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

Print Name: \_\_\_\_\_

Parent/Guardian Signature for Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_