

Welcome to
ACCESS ADVENTURE/ANYWHERE WILD!

Please complete, and join in our adventures

General Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer/School _____

Address: _____

Date of Birth: _____ Phone(H) _____ (C) _____ (W) _____

Email address: _____

Do you wish to receive future information? (Yes) _____ (No) _____

Address: _____

(Minor) Parent/Legal guardian: _____

Check your areas of interest:

_____ Carriage driver _____ Groom _____ Stable duties _____ Publicity _____ Volunteer
_____ Fundraising _____ Special Events _____ Client assistance
_____ Other (describe) _____

Health History

Please describe your current health status, particularly regarding the physical and emotional demands of working in a therapeutic driving program. Address fitness, cardiac, respiratory, bone or joint function, and/or recent hospitalizations/surgeries.

Allergies: _____

Medications: _____

Last Tetanus shot: _____ Tuberculosis test +, date: _____

Volunteer Liability Release

As a volunteer for the Access Adventure/Anywhere Wild! Driving Program, I acknowledge the risks and potential for risks of a 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 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 the Access Adventure/Anywhere Wild! Driving Program, Solano Land Trust, Muir Heritage Land Trust, Rush Ranch Education Council, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/ my child/ my ward may sustain while participating in the Access Adventure/Anywhere Wild! Driving Program. .

Signature: _____

Date: _____