

MIRACLES IN MOTION VOLUNTEER RELEASE & AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Volunteer: _____ Date of Birth: _____

Address: _____

City & State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Ext: _____

Email: _____

In case of emergency, contact: _____

Emergency phone: _____ Ext: _____

Liability Release and Indemnity Agreement

I, (volunteer's name) _____ would like to participate as a volunteer in the Miracles in Motion-Handicapped Horsemen, Inc. (Miracles in Motion) program. I acknowledge the potential for risk of horseback riding and agree to assume all risks and personal injury damages regarding involvement as a volunteer in the program. However, I feel that the possible benefits to myself as a volunteer are greater than the risks assumed. Therefore, in return for being permitted to participate as a volunteer, and intending to be legally bound, for myself, my heirs and assigns, executor or administrators, I hereby forever waive and release all claims for damages against Miracles in Motion, its Board of Directors, Sponsors, Instructors, Therapists, Aids, other Volunteers, Employees, Agents or others on its behalf liable for any and all injuries and/or losses I may sustain while participating in Miracles in Motion as a volunteer, and agree to indemnify them from all loss, expenses, damages and costs I may incur by reason of any claim for damages brought against them. I have read, understand and agree to all of the terms of this liability release and indemnity agreement.

Date: _____ Signature: _____

Signature of Parent for Minor: _____

Caution: This is a release. Read it carefully.

Photo Release

I consent to and authorize the use and reproduction by Miracles in Motion, of any and all photographs and any other audiovisual materials taken of me.

Date: _____ Signature: _____

Signature of Parent for Minor: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury during the process of providing volunteer services, or while being on the property located at 2049-120th St., Swisher, IA, I authorize Miracles in Motion to secure and obtain any medical treatment and transportation if needed. This provision will only be invoked if the person listed below is unable to be reached.

Date: _____ Consent Signature: _____

Signature of Parent for Minor: _____

NON CONSENT PLAN:

I do not give my consent for emergency medical treatment/aid in the case of illness or injury. In the event emergency treatment/aid is required, I wish the following procedures to take place, or the following persons to be contacted:

Date: _____ Non-Consent Signature: _____

Signature of Parent for Minor: _____

Person to be contacted: _____ Phone: _____

Address: _____