



**Sojourn Therapeutic Riding Center,
Inc. 501(c)(3)
24861 S. 88th Ave. Frankfort, IL 60423
708.539.3078
Volunteer Consent Form**

I hereby give my consent for (Volunteer) _____ to participate in Sojourn Therapeutic Riding Center, Inc. NFP This may include the following activities: feeding/grooming animals, barn chores, tacking horses, leading horses, sidewalking, riding horses, or other therapeutic activities and volunteering duties. In consideration for Sojourn TRC allowing (Volunteer) _____ to participate in the program, the Participant and his/her successors and representatives do hereby agree to release and discharge Sojourn TRC's officers, staff, administrators, employees, and agents from any and all causes of action damages, claims, costs, expenses (including attorney's fees) and liability in any way arising from or incidental to this authorization.

Volunteer Signature/Date – required of all individuals ages 12 and over unless a guardian has been legally appointed

Parent/Guardian Signature/Date – required of all individuals under 21, and for those with an appointed guardian

Staff Witness/Date – required in all instances when only a participant signature is required

This authorization is effective for a period of two (2) years following the date of signature.

Sojourn TRC's Video Tape/Photo Release Form (optional)

I give permission to Sojourn to take or have taken print or slide photos, moving pictures, or video tapes of (participant's name) _____. I authorize Sojourn, its advertising agencies or news media to publish or reproduce the print/slide photographs, moving pictures, or video tape for publicity purposes. Publicity may include but is not limited to newspaper, television, brochures, pamphlets, instructional materials, and books. I understand that no inducements or promises have been made to secure my signature to this release other than the intention of Sojourn TRC to use or cause to be used such print or slides, moving pictures, or video tape for the purpose of promoting Sojourn Therapeutic Riding Center's program and its work.
Specific Limitations:

This release is valid for two (2) years from the date it is signed, and may be revoked by me, in writing, at any time.

Signed: _____ Date _____



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**Authorization for
Emergency Medical Treatment**

In the event emergency medical treatment is needed due to illness or injury during the process of receiving services or while being on the property of this agency. I authorize Sojourn TRC to 1) Secure and retain medical treatment and transportation if needed and 2) Release rider records upon the request to authorized individual or agency involved in the medical emergency treatment.

*****SOJOURN THERAPEUTIC RIDING CENTER, NFP CANNOT ALLOW VOLUNTEER PARTICIPATION TO THOSE WHO REFUSE EMERGENCY MEDICAL CONSENT*****

Participant _____ D.O.B. _____ Phone _____

Address _____ City _____ State _____ Zip _____

Emergency Contact _____ Relationship _____ Phone _____

Emergency Contact _____ Relationship _____ Phone _____

Physician's Name _____ Medical Facility _____

Health Insurance Co. _____ Policy # _____

Consent Plan: This authorization includes x-ray, surgery, hospitalization, medication, and treatment procedure deemed life saving by the physician. This provision will only be invoked if the person(s) listed is(are) unable to be reached.

Signature _____ Date _____



Sojourn Therapeutic Riding Center, NFP. Hold Harmless Agreement Volunteer Form

This agreement made and entered into on (date) _____ by
(volunteer) _____ hereinafter called "Licensee" in favor of Sojourn
Therapeutic Riding Center, Inc. NFP (hereinafter called "Owner"). WHEREAS, owner refers to the
property located at 24861 S. 88th Ave. Frankfort, IL 60423, WHEREAS, Licensee has asked Owner to
enter upon the Property for the purpose of volunteering in Sojourn TRC's programs.

WHEREAS, Owner has advised Licensee that there are, or may be, hazards on the
Property that may cause injury to the person or property of Licensee, but Licensee, acknowledging those
risks, nevertheless wishes to enter upon the Property as aforesaid; and WHEREAS, Owner is willing to
grant consent to Licensee's use of the Property for volunteering, but only upon the execution by Licensee
of this Agreement.

NOW, THEREFORE, in consideration of Owner's consent to Licensee's use of the Property and for other
valuable considerations, Licensee does hereby forever indemnify and agree to hold Owner harmless from
and against any and all claims, demands, causes of action, costs, and/or expenses that may be incurred or
asserted against Owner, including but not limited to, court costs and reasonable attorneys' fees, in
defending any action that may be brought against Owner resulting in whole or in part from Licensee's use
of the Property as described in this Agreement. By signing this Agreement, Licensee acknowledges that he
or she has read this Agreement in its entirety understands its contents, has full knowledge of its contents,
and signs voluntarily and without compulsion or duress of any sort.

**WARNING: Under the equine activity liability act, each participant who engages in an equine activity
expressly assumes the risk of engaging in and legal responsibility for injury, loss or damage to person or
property, resulting from the risk of equine activities.
I understand all of the conditions listed above. I have reviewed and agreed upon the conditions listed
above.**

IN WITNESS WHEREOF, Licensee has executed this Agreement the day and year first above written.

Signature of Volunteer and/Licensee Signature of Parent/Guardian (if under 18)

Print Name of Volunteer

Phone

Street Address City, State, Zip



**Sojourn Therapeutic Riding Center, NFP.
Confidentiality Agreement
Volunteer Form**

I, _____ respect my privacy and I respect the
privacy of others. Any information regarding a client, another volunteer, another
staff member, other members of the barn, and members' families will remain
confidential. If I have a concern regarding any of the policies and procedures
concerning a client, I will immediately contact Barbara Mulry at 708.539.3078

Volunteer name in print

_____ Date _____

Volunteer signature