



Reins In Motion

Program Address: 9300 Tesla Rd. Livermore, CA 94551

Mailing Address: 1631 Maralisa Ct. Livermore, CA 94551

Phone Number: 925-413-4739

Dear Volunteer Applicant,

Thank you for your interest in volunteering at Reins In Motion.! Some of our volunteer positions require some basic horsemanship experience while others do not.

Please fill out the following application and return it to me so that I may contact you for a volunteer interview and determine where we can best utilize your skills and talents. If you have any additional questions, feel free to call me at (925)413-4739 or email me at pdjames101@sbcglobal.net

Thanks again for your interest in Reins In Motion!

Happy Trails,

Peggy James

Program Director

Application Form

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Business Phone) (____) _____

Email Address _____

How did you become aware of Reins? _____

Why are you interested in volunteering at Reins? _____

What time commitment can you give Reins (once a week, once a month, special projects only, etc.)? _____

Previous Volunteer Experience _____

Present or Previous Jobs (Attach resume if available) _____

Previous Horse Experience _____

Education or Training _____

Skills and/or Hobbies _____

Listed below are some of the responsibilities and activities carried out by Reins In Motion Volunteers. The asterisk denotes where experience is required. Please indicate activities where you can lend assistance.

- Horse exerciser* Equipment maintenance/minor repairs
- Horse groom* Special event helper
- Horse leader / sidewalker * Crafts, decorations
- Instructor's assistant* Bulk mailings
- Stall cleaning & maintenance Office support
- Sweeping barn & walkways Fund raising activities
- Watering plants & shrubs Indoor cleaning
- Minor weeding & tree trimming

Please list any physical condition or medications we should be aware of:

Emergency Contact: Name _____

Home Phone (____) _____ Business Phone (____) _____

Please supply three references. If possible, please include at least one current or past employer.

1) Name _____ Phone() _____

Address _____

2) Name _____ Phone() _____

Address _____

3) Name _____ Phone() _____

Signature _____ Date _____

Thank you again for your interest in Reins In Motion

2012 Reins in Motion Foundation Informed Consent Release of Liability

Name (participant) _____

Address _____

City, State, Zip _____

Age at date of session _____

Name of guardian (if participant is a minor) _____

If the above-listed Participant is under 18 years of age, I hereby declare that I am authorized as their guardian to sign this Legal Release on their behalf, and understand and agree that they are bound by all terms and conditions of this document.

In consideration of the services provided by Reins in Motion Foundation (RIM) & their respective agents, employees, directors, officers, contractors, volunteers, in connection with Participant's participation at Reins in Motion, I as Participant or, if Participant is a minor, as parent/guardian of Participant agree as follows:

I am familiar with the Program and all of my questions about the Program, including questions concerning the details of activities, the physical conditions, and the Program's location have been answered to my satisfaction. I understand that participation in the Program creates a risk of injury and I expressly acknowledge and assume the risk of such injury to the Participant. The following describes some of those risks.

- The Program involves outdoor activities where exposure to environmental risks include poison oak, insects, snakes, predators, unpredictable forces of nature such as storms, earthquakes, and wildfires. Entering restricted areas on the property is prohibited and could be dangerous..
- The Program may require travel to an off-site activity by bus or vehicle and includes: horseback riding. Possible injuries include sunburn, dehydration, heat stroke, slipping, falling, drowning, and other mild or serious injuries and conditions.
- An environment free of allergens, including but not limited to food allergens, cannot be guaranteed at Reins in Motion. Therefore, RIM cannot guarantee the Participant will not come into contact with any allergens while at Reins in Motion. Participation in the program will expose the participant to food, activities and persons that may result in exposure to allergens and injury.

I agree that this description of risks is not complete, and that unknown or unanticipated risks may result in property loss, injury, or death. I understand that the unique character of this Program is to serve participants who are medically fragile or high risk. I have submitted, to the best of my knowledge, complete health history information to the ENN and represent that Participant is free from medical or physical conditions that might create undue risk to Participant. I represent that Participant is fully capable of participating in this Program. Therefore, I assume and accept full responsibility for any injury, death, loss of personal property, and/or expenses that may result from Participant's involvement in this Program, and I further agree to indemnify and hold harmless Exceptional Needs Network and their agents, employees, directors, officers, contractors, volunteers, and all entities associated with it to the fullest extent of the law, from any and all damages, losses or liability that may result from Participant's involvement in the Program.

Participant Signature (if age 18 or older) _____ **Date:** _____

Parent/Guardian Signature _____ **Date:** _____

Peggy James Adaptive Riding Program
9300 Tesla Rd. Livermore, CA 94550
925-413-4739

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Print Participant Name _____ Date of Birth _____
Print Parent/Guardian Name (if applicable) _____
Address _____
City _____ State _____ Zip _____
Hm.Ph. _____ Wk.Ph. _____ Cell _____

In the Event I cannot be reached:

Contact _____ Phone _____
Alternate Contact _____ Phone _____
Physician's Name _____ Phone _____
Preferred Medical Facility _____ Phone _____
Health In.Co. _____

List all pertinent medical information (allergies to food or drugs, medications being taken, special medical condition) _____

CONSENT PLAN

In the event of an emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or working in program or while being on the property of the agency, I authorize Peggy James Adaptive Riding Program to:

- 1.) Secure and retain medical treatment and transportation if needed.
- 2.) Release client records upon request to the authorized individual or agency

Date _____ CONSENT SIGNATURE _____

Print Name and Relationship _____

NONCONSENT PLAN

I do not give my consent for emergency medical treatment in the case of illness or injury during the process of receiving services, working in program or while being on the property of Peggy James Adaptive Riding Program. In the event of emergency treatment/aid is required I wish the following procedures to take place:

Date: _____ NONCONSENT SIGNATURE _____

Print Name and Relationship: _____

Ranch Rules

1. Rancho Cerro will be open from 6:00 AM until 10:00 PM.
2. No smoking allowed anywhere on the Ranch.
3. Children under Twelve (12) are to be supervised by an adult at all times.
4. Personal property is your responsibility. Rancho Cerro is not responsible for loss or theft of your personal items.
5. Pets are allowed, only on a leash and under the owners control at all times.
6. NO Alcoholic beverages are allowed in or around the barn areas.
7. Please do not touch feed, shavings, or ranch equipment without owner's permission.
8. Please do not offer advice to other riders, unless they specifically ask for it.
9. Do not touch, handle, feed or medicate any horse, other than your own, without asking permission from the owner first.
10. Turn off all lights before leaving unless someone else is still using the area.
11. I agree to notify owner of any damage my horse does to it's stall, or any other ranch property, and be willing to reimburse the owner for the labor and materials associated with repairing the damage.
12. No turning out your horse unattended in the upper arena. You need to be in, or stay nearby, the upper arena to insure your horse is not damaging any equipment or impeding other riders.
13. Maintain wash rack free of poop and hair at all times.
14. Clean up after your horse in all round pens and arenas as well as around tacking areas.
15. If your farrier leaves a mess you are responsible to clean it up.
16. When riding around the vineyard stay on easement road and do not ride on Dale's hay property.
17. All visitors must sign a liability release form prior to entering ranch property. You are responsible for informing your guest off ALL Rules and assuring their adherence to them.
18. Boarders and their guests understand that they are using all of our equipment (eg. Jumps, Barrels etc.) at their own risk. Ranch Cerro is not liable for any accidents or injuries that occur from such use.

Printed Name: _____

Signature: _____ Date: _____

E-Mail Address: _____

**RANCHO CERRO LLC
4758 Cross Rd
Livermore, CA 94550**

RELEASE OF LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT

PARTICIPANT: _____ PHONE#: _____ CELL PHONE# _____

ADDRESS: _____ CITY: _____ STATE: _____ EMAIL: _____

I, _____, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Rancho Cerro LLC, Alan & Cathy Cerro, understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies). I acknowledge that horseback riding is a sport, which carries inherent risks of injury and damage to myself, my horse and property. I knowingly assume all risks, whether known or unknown, of horseback riding.

I understand the potential dangers that I incur in mounting, riding, walking, boarding, feeding of said horse; including but not limited to, any interactions with other horses, riders, renters, or boarders. Understanding those risks I hereby release Rancho Cerro LLC, it's owners/employees, and anyone directly or indirectly connected or associated with Rancho Cerro LLC from any liability whatsoever in the event of injury, damage of any nature, and even death to me or anyone else caused by or incidental to my electing to mount, walk, and ride a horse, whether owned by Rancho Cerro LLC, Alan and/or Cathy Cerro or myself and my guests.

I expressly waive any rights I may have under California Civil Code 1542, which states: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him/her might have materially affected his settlement with the debtor." I agree that I will indemnify and hold harmless Rancho Cerro LLC, Alan and/or Cathy Cerro, their employees, clinicians, agents against all claims, demands and causes of action, including court costs, and actual attorney fees, arising from any lawsuits brought by or prosecuted for my benefit, in which this release is upheld.

I understand and recognize and warrant that this Release & Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to, and that in signing this Release & Hold Harmless Agreement I know and understand that this Release & Hold Harmless will further limit the liability of equine professionals to include any activity, whatsoever, involving any equine, including death, personal injury and/or damage to property.

I understand that as an adult (18 years or older) that it is my responsibility and decision whether I wear an ANSI approved helmet while walking, mounting, riding, dismounting or participation of any events, trails, pastures and round pen or arena horseback riding. I will not hold Rancho Cerro LLC or its owners, employees liable for any damage done to myself as a result, but not limited to not wearing an ANSI approved helmet. Any guests I bring to visit at Rancho Cerro LLC are required to wear ANSI approved helmets while associating with any equine belonging to myself or the Ranch or its owners, regardless of age or ability.

I recognize and agree that I know which equine professionals, Ranch owner's, clinicians, potential buyer's or employees of Rancho Cerro LLC, has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity, and has/have sufficient knowledge of my equine and horseback riding skills as relieve, release and hold harmless the above individuals from any continuing duty to monitor my equine activities.

Rancho Cerro LLC, it's owners Alan & Cathy Cerro it's agēnt's, clinicians, and employees shall not be liable for any damage which may accrue from any cause or as a result of fire, wind damage, flooding, theft, running away, state of health, injury to person, negligence, relating to injuries known and unknown or otherwise not herein disclosed, to horse or property.

I further voluntarily agree and warrant to Release & Hold Harmless, Rancho Cerro LLC & anyone related to said ranch of any incident caused by or related to death, property damage from: mounting, riding, dismounting, walking, grooming, bathing, shoeing, feeding, use of horse barn, paddock, arenas, round pens, trails, pastures, fencing, in any capacity, falling off horse whether horse is bucking, flipping, spooking, or my failure to understand any Rancho Cerro LLC, it's owners clinicians, employees, guests, and renters directions relating to my riding or otherwise use and control, or lack thereof, of my horse or the horse I have been assign to.

I acknowledge that I have read and understand this Release of Liability/Release and Hold Harmless Agreement and know and understand its contents.

SIGNATURE: _____ DATE: _____

MINORS DO NOT SIGN THIS FORM PARENT OR LEGAL GUARDIAN MUST COMPLETE THIS SECTION

I, the undersigned parent or guardian of the above participant in consideration of my minor's participation in the event, agree that the terms and conditions of the Release of Liability/Release and Hold Harmless Agreement shall be binding as to damage or injury or death to my minor, his animals, and property arising out of his participation in events, activities, and use of Ranch.

ALL MINORS (anyone under age 18) are required to wear ANSI approved protective head gear/helmets any time they are mounting, walking, riding and dismounting their horse or assigned horse belonging to boarders, ranch or guests.

I acknowledge that I have read this Release of Liability/Hold Harmless Agreement and know and understand its contents.

PRINTED NAME: _____ PHONE#: _____ CELL PHONE#: _____

ADDRESS: _____ CITY: _____ STATE: _____ EMAIL: _____

SIGNATURE OF MINOR: _____ SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

INSURANCE POLICY: _____ DATE SIGNED: _____ EXPIRATION DATE: _____