



# Volunteer Information Form

## General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Employer/School: \_\_\_\_\_ Are you retired? \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Height: \_\_\_\_\_ Can you lift 50 lbs? \_\_\_\_\_ Can you jog for 50 yards? \_\_\_\_\_  
(If not, how much or how far?) \_\_\_\_\_  
What days or times are you available? \_\_\_\_\_  
How did you learn about the program? \_\_\_\_\_

## Health History

Please describe any limitations that your health or physical condition place on your ability to fully participate in the demands of an equine related program. *(You will be assigned duties appropriate to your capability):* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies/Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Check areas in which you are interested:

### Program

- ☐ Horse Handling
- ☐ Sidewalking with a Student
- ☐ Stable Management
- ☐ Facility Repairs

### Special

- ☐ Horse Show
- ☐ Fundraising
- ☐ Special Olympics
- ☐ Trail Rides

### Events

- ☐ Public Relations
- ☐ Grant Writing
- ☐ Newsletter
- ☐ Volunteer Recruitment

### Administration

- ☐ Photography/Video
- ☐ Budget & Finance
- ☐ Future Planning
- ☐ Office Assistance

Please give details about your own abilities and interests, or describe other ways you would like to help. *(You can continue on the other side if you need):* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in the PEGASUS RIDING ACADEMY program.

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

# PRA Volunteer/Staff Information Form

Page 2

## Emergency Contact Information

(1) ContactName: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

(2) Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

## Photo Release

I ☐ DO

I ☐ DO NOT

consent to and authorize the use and reproduction by PEGASUS RIDING ACADEMY of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

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

## Background Information

Have you ever been charged with or convicted of a crime? YES \_\_\_\_ NO \_\_\_\_ *If "YES"*

*Please explain:* \_\_\_\_\_

## Authorization to Conduct a Background Check

I, \_\_\_\_\_, authorize PEGASUS RIDING ACADEMY to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize PEGASUS RIDING ACADEMY, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

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

## Confidentiality Agreement

I understand that all information (written and verbal) about participants at PEGASUS RIDING ACADEMY is confidential and will not be shared with anyone without the written consent of the participant or his/her parent/guardian in the case of a minor.

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

**PEGASUS RIDING ACADEMY**

**Savannah, Georgia**

**Phone (912) 547-6482**

**GENERAL ACTIVITY RELEASE, ASSUMPTION OF RISK and WAIVER OF LIABILITY**

**This document waives important legal rights. Read it carefully before signing.**

I **AGREE** for myself, and/or my child, my/our administrators and assigns, in consideration for my, and/or my child's, participation in Pegasus Riding Academy activity of the following:

I **AGREE** that I choose to participate voluntarily in Pegasus Riding Academy activities as a rider, handler or spectator. I am fully aware and acknowledge that horse sports and Pegasus Riding Academy activities involve inherent dangerous risks of accident, loss, and serious bodily injury including, but not limited to, broken bones, head injuries, trauma, pain, suffering or death ("Harm"). I fully understand that this release covers, but is not limited to, inherent risks of an equine activity which mean a danger or condition that is an integral part of an equine activity, including but not limited to, any of the following:

- The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- Hazards, including, but not limited to, surface or subsurface conditions;
- A collision with another equine, another animal, a person, or an object;
- The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I **AGREE** that I/my child/my ward would like to participate in the Pegasus Riding Academy program. I acknowledge the risks and potential risks, however, I feel that the possible benefits to me/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators waive and release forever all claims for damages against Pegasus Riding Academy, Old Roberds Dairy, Christy Harrison, Brian Redmon, Pegasus Riding Academy, it's Board of Directors, instructors, therapists, aides, volunteers, employees,, associates of any nature and affiliated organizations for any and all injuries and/or losses I may sustain while participating in the Pegasus Riding Academy program including activities occurring outside of the scope of the program itself, including, but not limited to transportation, care giving, horse exercising, etc.

By signing below, I **ACKNOWLEDGE** that I enter into this release after having read the same, and place my signature hereto of my own free voluntary act and deed. By signing below, I represent to Pegasus Riding Academy that I fully understand its contents, that I do not need any further explanation, and I waive any further explanation.

I **AGREE** to assume all risks of Harm to me and/or my child, and **specifically agree to the GEORGIA LIABILITY LAW** regarding equine/ farm animal activity liability: **Under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, Pursuant to O.C.G.A. 4-12-1.**

**ACCEPTED BY: (if under the age of 18 years old, there must be a legal guardian signature below)**

---

**VOLUNTEER Signature / Legal Guardian Signature(s):**

---

**Print Volunteer Signature / Legal Guardian Signature(s):**

**DATE**