

**READY  
SET  
RIDE** Therapeutic Recreation Facility

**VOLUNTEER INFORMATION FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you learn about Ready Set Ride? \_\_\_\_\_

**Which areas interest you:**

Horse Leader	Side-walker	Cleaning Stalls
Photo/Video	Volunteer Recruitment	Fund Raising
Newsletter	Building Improvements	

How many years of horse experience do you have? (Not required to be a volunteer) \_\_\_\_\_

Explain: (lessons, owner, summer camp) \_\_\_\_\_

**"WARNING: UNDER THE EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES."**

**PHOTO AND MEDIA RELEASE**

I consent to the use and reproduction by Ready Set Ride of any and all photographs and any other audio-visual materials taken of me for promotional material, education activities, exhibitions or for any other use for the benefit of the program.

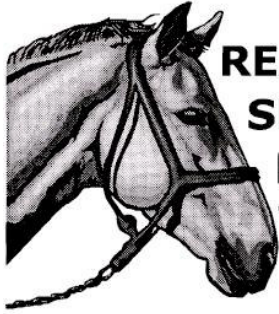
Consent Signature: (VOLUNTEER PARENT OR GUARDIAN) \_\_\_\_\_

Date \_\_\_\_\_

**Location:**  
13056 Essington Road  
Plainfield, Illinois 60585

815.439.3659  
www.readysetride.org

**Mailing Address:**  
P.O. Box 1113  
Plainfield, Illinois 60544



**READY  
SET  
RIDE**

Therapeutic Recreation Facility

**VOLUNTEER AUTHORIZATION  
FOR EMERGENCY MEDICAL TREATMENT**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In The Event Of An Emergency, Please Notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

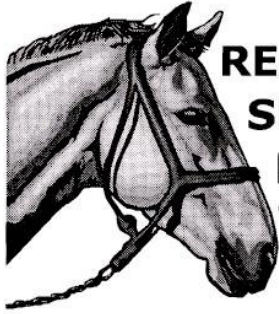
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**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In case of emergency I give permission to Ready Set Ride to secure medical treatment including x-ray, surgery, hospitalization and medication.

Print Name: \_\_\_\_\_

Consent Signature: (VOLUNTEER PARENT OR GUARDIAN) \_\_\_\_\_ Date \_\_\_\_\_



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**Agreement to HOLD HARMLESS**

This Agreement shall constitute an agreement and affirmation that the person(s) making it hereby acknowledges that the rider and/or his/her parent or legal guardian participate voluntarily in the riding program conducted by **READY SET RIDE**, is/are fully aware of the risk and inherent danger of horse related activities, either riding (mounted) or their actions in or around horses; therefore said parent or legal guardian expressly assume any and all risk of injury, be it physical or mental, or any other form of loss, and that they agree to hold harmless for any injury or loss suffered during or in connection with the aforesaid riding omissions of the staff of **READY SET RIDE** while conducted upon the property of Joseph & Leticia Tages. Joseph and/or Leticia Tages, their agent(s), executor(s), successors and assigns shall hereby expressly be held harmless from for any injury or loss suffered during or in his/her parent, guardian or representative shall assume all liability and hold harmless the above for any claims and demands of any kind or nature arising from the aforesaid riding program conducted upon their property. Further, all riding shall be at the sole risk of the rider, his/her parent or legal guardian; further, any personal property left or brought upon the property shall be the sole responsibility of the owner thereof.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

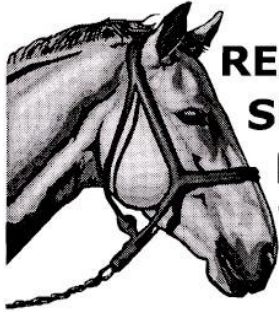
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Print Name: \_\_\_\_\_

Consent Signature: (RIDER/STUDENT/VOLUNTEER OR PARENT/GUARDIAN GUARDIAN IF MINOR) \_\_\_\_\_ Date \_\_\_\_\_



## PARTICIPATION RELEASE

Participant expressly agrees that Ready, Set, Ride Therapeutic Recreation Facility it's employees, officers, directors, shareholders, agents, owners, guides, instructors, volunteers, Joseph and/or Leticia Tages and other independent contractors shall **NOT BE LIABLE** for any property damages, personal injuries or losses arising from injuries sustained by the Participant in, on or about the premises of Ready, Set, Ride Therapeutic Recreation Facility or any riding trail or route or as a result of the Participant using the facilities, equipment, or horses, jumping rails, and other related paraphernalia, or horses in, on or about the premises of Ready, Set, Ride Therapeutic Recreation Facility or any riding or jumping, trail, or route and does hereby fully and forever release and discharge Ready, Set, Ride Therapeutic Recreation Facility it's employees, officers, directors, shareholders, agents, owners, guides, instructors, volunteers, Joseph and/or Leticia Tages, and other independent contractors from **any and all** claims, demands, damages, rights of action or cause of action present or future whether known or unknown, anticipated or unanticipated, resulting from or arising out of the Participant's use or intended use of the facilities, equipment, horses, jumping rails, and related paraphernalia thereof or any riding or jumping, trail or route. Participant represents that Participant is in good physical condition and has no disability impairment, ailment, allergy or fear that prevents or hinders Participant from engaging in active or passive exercise including horseback riding, jumping, or that will be detrimental to Participant's health, safety, comfort or physical condition. Participant agrees to the terms of the Release for good and valuable consideration including the right to participate in sport of horseback riding and jumping. Participant agrees to inspect the premises and equipment before each use and to bring to the attention of the management any defects or dangerous conditions. Participant understands that management makes no representations, express or implied, regarding the condition of the premises and equipment, **Participant assumes all risks.** Participant agrees that Participant shall be responsible for any and all attorneys fines and costs incurred by Ready, Set, Ride Therapeutic Recreation Facility, it's employees, officers, directors, shareholders, agents, owners, guides, instructors, volunteers, Joseph and/or Leticia Tages, and other independent contractors, and their respective insurers in the defense of any claim for personal injuries, property damages or losses brought by Participant or because of any act or omission of Participant, against Ready, Set, Ride Therapeutic Recreation Facility, it's employees, officers, directors, shareholders, agents, owners, guides, instructors, volunteers, Joseph and/or Leticia Tages, or other independent contractors. Participant has read this document and understands that **this is a legally binding release.** Participant executes this document freely and knowingly.

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Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

Consent Signature: (RIDER/STUDENT/VOLUNTEER OR PARENT/GUARDIAN GUARDIAN IF MINOR)

\_\_\_\_\_ Date