



Little equines with big hearts making a big difference

Volunteer Authorization for Emergency Medical Treatment Form

Specific information is requested in the event the volunteer is unable to present this information on their own behalf.

If volunteer is under the age of 18 years of age, form must be signed by parent/legal guardian where indicated.

Volunteer name _____ Date _____

Address _____

Parent /legal guardian name if volunteer is under the age of 18 _____

Preferred phone # _____ Alternate phone # _____ Date of birth _____

In the event of an emergency, contact:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Physician's name _____

Preferred medical facility _____

Health insurance company _____ Policy # _____

Name of primary insured on policy _____

Allergies to medications (describe reaction) _____

Other Allergies (environmental, food, etc.) _____

Date of last tetanus shot: _____ Tuberculosis test + or -- _____ Date: _____

Recent hospitalizations, surgeries or other health concerns relevant to volunteering with Equestrian Programs:

Current medications (prescription and non-prescription) _____



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Consent for emergency medical treatment:

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering, or while being on the property of the agency, I authorize Flames to Hope, Inc. to: 1) Secure and retain medical treatment and transportation if needed and to release volunteer records upon request to the authorized individual or agency involved in the emergency medical treatment. 2) Release volunteer records upon request to the authorized individual or agency involved in the medical emergency treatment.

I **DO** give authorization that may include x-ray, surgery, hospitalization, medication, and any treatment procedure deemed “lifesaving” by the physician. This provision will only be invoked if the emergency contact person(s) above is unable to be reached.

Signature _____ Date _____

Volunteer’s parent or legal guardian signature if under 18:

Signature _____ Date _____

I DO NOT give my consent for emergency medical treatment aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment is required, I wish the following procedure to take place: _____

Signature _____ Date _____

Volunteer’s parent or legal guardian signature if under 18:

Signature _____ Date _____



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VOLUNTEER LIABILITY RELEASE FORM

Volunteer Liability Release Form

** Must be 18 or over*

In consideration of my desire to serve as a volunteer for Flames to Hope, Inc. I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary activities of any nature, including the use of equipment, facilities or handling miniature horses of Flames to Hope, Inc.

Further, I am aware, under Oklahoma Law, an equine activity sponsor or professional shall not be liable for any injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities. I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge Flames to Hope, Inc. and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer activities or my participation therein, and hereby waive all such claims, demands and causes of action. Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Oklahoma, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me as a volunteer for Flames to Hope, Inc.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Print Name

Signature

Date



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VOLUNTEER LIABILITY RELEASE FORM

Parental Consent Form

** If you are not 18 or over this form must be completed by custodial parent or legal guardian.*

I, the parent, or guardian of _____, give my voluntary consent to his/her participation in Flames to Hope, Inc. miniature horse visit and activities, on the ____ day of _____.

I hereby release Flames to Hope, Inc., the State of Oklahoma, the Board of Directors, and their officers, employees, agents, and volunteers from any and all liability resulting from events beyond control.

Further, I am aware, under Oklahoma Law, an equine activity sponsor or professional shall not be liable for any injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities.

In the event of an accident, injury, or illness, the above stated and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage. In the event of an accident, injury, or illness, the above stated and its agents will make every effort to contact parents/guardians immediately if necessary.

Furthermore, I release Flames to Hope, Inc. the State of Oklahoma, the Board of Directors, and their officers, employees and agents and volunteers for any loss, personal injury, accident, misfortune, or damage to the above name or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above name.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

(_____)_____
Phone Number



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VIDEO/PHOTOGRAPH RELEASE FORM

I hereby grant Flames to Hope, Inc. (FTH) the irrevocable right and permission to use photographs and/or video recordings of me on FTH websites and Facebook page and in publications, promotional flyers, educational materials, or for any other similar purpose without compensation to me.

I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property FTH.

I hereby release, acquit and forever FTH, its current and former trustees, agents, officers and the staff of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

Signature

Date

If individual photographed/recorded is under eighteen (18) years old, the following section must be completed: I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

Parent / Legal Guardian (if under age 18)

Date