



*"For I know the plans I have for you,"
declares the Lord,
'plans to prosper you and not to harm you,
plans to give you hope and a future.'"*
- Jeremiah 29:11 (NIV)



Dear Volunteer,

Thank you for volunteering at Jeremiah's Crossing. We hope that you will find your experience to be very rewarding. Please know that volunteers are an important part of the program at the ranch. Participants would not have the opportunity to ride without your generous gift of time and talent.

Please complete the attached packet. All of the information is required by PATH International (Professional Association of Therapeutic Horsemanship). They are the national association that oversees therapeutic riding centers like ours, all over the world. The information requested will help us to maintain a safe, confidential environment for our participants and volunteers.

If you have any questions, please don't hesitate to contact us.

Again, thank you for your interest in helping horses help kids!

Sincerely,

Roger and Kathleen Harris, Founders
Jeremiah's Crossing, Inc.

Rev 3/2014

*Jeremiah's Crossing, Inc - a 501(c)(3) organization
P.O. Box 126, 2440 County Hwy. X, Babcock, WI 54413
info@jeremiahscrossing.org PH: 715.884.2551*

A PATH (Professional Association of Therapeutic Horsemanship) International Member Center



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Volunteer Registration Update

Date: _____ I need a new volunteer t-shirt, please! Size Adult S M L XL XXL _____
Name: _____ Birthdate: _____ - _____ - _____
Address _____
City: _____ State: _____ Zip: _____
Email _____ Phone: _____
Employer (optional): _____ Alt. Phone: _____
Date of last Tetanus shot: _____

If under 18 years of age, complete the following:

Name of School: _____
Name of Parent or Guardian: _____
Address of Parent or Guardian if different from above: _____
City: _____ State: _____ Zip: _____
Email _____ Phone: _____

I would like to help! Mark all opportunities in which you have interest (I) or experience (E).

<u>Program</u>	<u>Special Projects</u>	<u>Administration</u>	<u>Other</u>
___ Horse Handling	___ Open House	___ Public Relations	___ Budget
___ Side Walking	___ Fundraising	___ Grant Writing	___ Photography
___ Stable Management	___ Work Camp	___ Newsletter	___ Other _____
___ Facility Maintenance	___ Work Day	___ Volunteer Recruitment	_____
___ Horse Conditioning	___ Cleaning Tack	___ Board of Directors	

Please feel free to make fundraising suggestions. _____

I understand that Jeremiah's Crossing depends on volunteers to make sure the program goes forward. I will do my best to arrive on time, participate in a positive manner with participants and horses, and I will help with fundraising activities as much as I am able.

Signature: _____ Date: _____

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Rev 2/14



Jeremiah's Crossing, Inc. P.O. Box 126, Babcock, WI 54413 ~ 715.884.2551



PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK.

In consideration of the services of Jeremiah's Crossing, Inc., Roger and Kathleen Harris., their agents, owners, officers, board members, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "J.C."), I hereby agree to release, indemnify and discharge J.C., on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that horseback rides of any kind entail known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **THE RISKS INCLUDE, BUT ARE NOT LIMITED TO:** loss of control, collisions, horses irrespective of their previous behavior and characteristics, may act or react unpredictably based upon instinct, fright, or lack of proper control by rider, latent or apparent defects or conditions in equipment, animals or property, acts of other participants in this activity, adverse weather conditions, contact with plants or animals, my physical condition, my own acts or omissions, the condition of remote roads, trails, waterways, or terrain, and accidents connected with their use, first-aid, emergency treatment or other services rendered, consumption of food and drink.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless J.C. from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of J.C.'s equipment or facilities. Including any such Claims, which allege negligent acts or omissions of J.C.
4. Should J.C. or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have. I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
6. In the event that I file a lawsuit against J.C, I agree to do so solely in the state of WI, and I further agree that the substantive law of the state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

PHOTO RELEASE: ____ Yes, I agree that J.C. has the right to use any photography taken during a J.C. event, that I am in, for J.C advertising purposes including newsletters, presentations, brochures and other print, video, or electronic media.
____ No, I do not consent to the use of my image as described above. (Please initial to indicate your preference).

By signing this document, I acknowledge that if anyone is hurt, or property is damaged, during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against J.C. on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

SIGNATURE OF PARTICIPANT _____

PRINT NAME of PARTICIPANT _____

Address: St. _____ City _____ ST. _____ Zip _____

Phone: _____ E-MAIL _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18 yrs.)

In consideration of _____ (print minor's name)("Minor") being permitted by J.C. to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless J.C. from any and all Claims which are brought by, or on behalf of Minor, and which are in anyway connected with such use or participation by Minor.

PARENT OR GUARDIAN _____

Print name _____ Date _____



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Authorization for Emergency Medical Treatment Form Update

___ Participant ___ Staff ___ Volunteer Today's Date: _____

Name: _____ DOB: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Jeremiah's Crossing, Inc to:

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

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) listed above cannot be reached.

Date: _____ Consent Signature: _____

(Volunteer, Client, Parent, Legal Guardian)

Non-Consent Plan

I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services, or while being on the property of the agency.

___ Parent or legal guardian will remain on site at all times during equine assisted activities.

___ In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Non-Consent Signature: _____

(Volunteer, Client, Parent, Legal Guardian)