



# Adaptive Riding Institute

*P.O. Box 280 Scotts Mills, OR 97375 (503) 873-3890*

*a 501, C (3) Non Profit Organization*

*www.AdaptiveRidingInstitute.org Info@AdaptiveRidingInstitute.org*

*Incorporated in 1988*

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Dear Prospective Volunteer:

Thank you for your interest in the Adaptive Riding Institute volunteer program. The Adaptive Riding Institute, formerly known as H.O.R.S.E.S. for the Physically Challenged, was founded in 1988 in Scotts Mills, Oregon. The organization provides equine assisted recreational therapy. This includes horseback adventures, equine assisted personal development and learning, custom horse training, therapeutic riding, and related services for people of all abilities and their significant others. The Adaptive Riding Institute, provides their weekly therapeutic riding services in Silverton and South Salem.

Due to limited funding, we operate almost entirely on volunteer labor for everything from stable cleaning to corporate accounting. A sample of some of the volunteer jobs is enclosed. Our volunteers are some of the finest, most dedicated people in this part of the country and we welcome your interest in joining their ranks.

The application packet includes a volunteer information sheet, Emergency Preparedness Card, and waivers. Please complete the volunteer information sheet, including the waivers, and call for an interview! It is that simple. We look forward to meeting you.

Sincerely,

*The Staff at the Adaptive Riding Institute*

Adaptive Riding Institute  
VOLUNTEER INFORMATION SHEET  
(Please Print)

Name: \_\_\_\_\_ (optional) Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: \_\_\_\_\_  
Company: \_\_\_\_\_ Present Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Day \_\_\_\_\_ - \_\_\_\_\_ Eve \_\_\_\_\_ - \_\_\_\_\_ Cell \_\_\_\_\_ - \_\_\_\_\_ (E-mail): \_\_\_\_\_  
Does your employer participate in charity activities/campaigns? Y N If yes, please describe: \_\_\_\_\_

Please describe any physical conditions which we should be aware of while working with you or rendering 1st aid: \_\_\_\_\_

**CIRCLE WHICH OF THE FOLLOWING BEST DESCRIBES YOUR EXPERIENCE WITH HORSES.**

- 1-NONE (I sat on a pony at the fair once).
- 2-NOT MUCH (I rode some of my friends horses as a kid)
- 3-SOME (I once owned my own hay burner)
- 4-MODERATE (I have schooled and competed for more that 5 years)
- 5-VERY (I break wild broncos for a living)

Business and/or volunteer experience: \_\_\_\_\_

Special skills, talents, hobbies: \_\_\_\_\_

Community activities: \_\_\_\_\_

**I AM INTERESTED IN ASSISTING WITH:**

Office Helper (phone calls etc.) _____	Direct Client Assistant _____
Fundraising _____	Special Events _____
Horse Handling _____	Communication (Newsletter, Etc.) _____

Are there other talents you would be willing to share? For example: photography, sewing, graphics, carpentry, public speaking, etc. \_\_\_\_\_

Days and times available: \_\_\_\_\_ Times not available: \_\_\_\_\_

Adaptive Riding Institute has a special membership category for volunteers costing \$10.00. This fee covers volunteer insurance. Would you like to participate? Y N Check Enclosed \$ \_\_\_\_\_

By completing and signing this form I give my permission for Adaptive Riding Institute to contact me whenever needed and to give my number and/or address to other authorized volunteers of Adaptive Riding Institute.

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

If minor, parent or guardian must sign below. Signature indicates permission for minor to participate in volunteer duties.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\* FOR OFFICE USE ONLY \*\*\*

Special Comments: \_\_\_\_\_

**PHOTO AGREEMENT**

I, the undersigned, grant to the Adaptive Riding Institute, hereafter referred to as 'ARI', and/or their assignees permission in perpetuity throughout the world to use my likeness, performance, recording, and/or voice as photographed and/or recorded by them for still or motion picture uses connected with the promotion, exhibition, or advertising of 'ARI'.

I hereby release 'ARI', its assignees, licensees, and successors including, but not being limited to, all networks, stations, sponsors, publishers, distributors and exhibitors from any and all claims, liabilities, demands, or causes of action which I have or may hereafter have, by reason of photographing, recording, broadcast, exhibition, or any other uses of such films or recordings that may be from time to time made, or by reason of any occurrence or circumstance that may have taken place in or in conjunction with the photographing or recording of any scenes.

The undersigned further agrees that 'ARI' shall own all rights, title and interest including any copyright in and to anything produced pursuant to the right granted 'ARI' and that this waiver and release is binding on the heirs of the undersigned.

PLEASE PRINT

Model's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

I AFFIRM THAT I AM MORE THAN 18 YEARS OF AGE.

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

If model is less than 18 years of age, parent or guardian must complete the following guardian consent.

I am the parent or guardian of the above mentioned model. I hereby approve the foregoing and consent to the terms mentioned above. I affirm that I have the legal right to issue such consent.

PLEASE PRINT

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

**PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

In consideration of the services of the Adaptive Riding Institute, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "ARI"), I hereby agree to release, indemnify, and discharge ARI, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that horseback riding entails known and unanticipated risks that 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, among other things:** contact with wild animals, hiking and exposure to the elements. A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause you to be thrown from your horse or injured by the horse. Horses may do such things as bite, kick, buck, lie down, or stumble. Saddles may slip and other tack or saddle problems may develop as a result of normal use and wear. Your horse may collide with obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stump, forest growth, debris, rocks and cliffs and other obstacles whether obvious or not and whether man made or natural. Each of those obstacles or variations in terrain could cause you to lose control of your horse and you could fall. Riding a horse requires the participant to balance on the saddle. Participants may lose their balance that can result in falling from the horse.

Furthermore, ARI employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

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 ARI 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 ARI's equipment or facilities, **including any such claims which allege negligent acts or omissions of ARI.**

4. Should ARI 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 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.

6. In the event that the lessee file a cause of action against ARI, the lessee agree to do so solely in the state of Oregon, and further agrees that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. The lessee agrees that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if I am 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 ARI 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 I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY PREPAREDNESS CARD**

<b>NAME:</b> _____	<b>DATE OF BIRTH:</b> ____/____/____
<b>CONTACTS &amp; PHONE #'S (RELATIONSHIP):</b> 1. _____ 2. _____ 3. _____	<b>MEDICAL HISTORY:</b> _____ _____ _____
<b>PHYSICIAN:</b> _____ _____	<b>ALLERGIES / ASTHMA:</b> _____ _____
<b>HEALTH CARE PLAN (S):</b> _____ _____	<b>ALLERGIES TO MEDS:</b> _____ _____

**OTHER:** \_\_\_\_\_  
\_\_\_\_\_

**CURRENT MEDICATION:**

NAME OF MEDICATION	AMOUNT	HOW OFTEN ?

Print Name of person completing form: \_\_\_\_\_ Date \_\_\_\_\_

**Request and Release**

Ridgetop Ranch L.L.C.  
and  
Compass Management Group, Inc.  
3201 Wiltsey St. S.E.  
Salem, Oregon 97301  
Phone: (503) 588-9988 Fax: (503) 585-6666

I for myself or on behalf of a minor child for whom I am a parent or legal guardian, hereby request permission of the above named Stable and its Owners to participate in horse riding and equine handling activities to be held on the premises.

I have inspected the Premises and know the risks and dangers involved in such activities and expected as well as unexpected danger may arise during such activities and I assume all risks of injury to my person and property may be sustained in connection with any activities conducted in and about the Premises.

In consideration of the permission granted to me above, I hereby, for myself, my heirs, administrators and assigns, hereby release and discharge the owners and operators of the Premises and their respective agents, officers and causes of action of any sort for whatever reason, including without limitation, negligence, of it's officers and officials.

I represent and certify that I am 18 years of age or older and, if acting on behalf of a minor, the legal guardian of named minor. I certify that my attendance and participation in the stated activities is voluntary and that I am not in any way the employee or agent of the owners, operators or sponsors of the Premises and the activities within. I understand there are to be no alterations of the terms and conditions of this Release and Request form.

I have read and understand the foregoing Request and Release

In witness whereof, I have executed the Request and Release on:

(date) x \_\_\_\_\_

Guardian of: x \_\_\_\_\_

By: x \_\_\_\_\_ x \_\_\_\_\_

Print name Signature