

People & Animal Learning Services, Inc. (PALS)

**VOLUNTEER APPLICATION**

(To be completed in pen - by parent or legal guardian for minors)

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  New Volunteer  Annual Update

**CONTACT INFORMATION:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name (optional): \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_  Home  Work  Cell

Alternate Phone: \_\_\_\_\_  Home  Work  Cell

Preferred Method of Contact:  Phone Call  Email  Text

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

***IF APPLICANT IS A MINOR AND/OR DEPENDENT:***

Parent/Legal Guardian/Caregiver Full Name: \_\_\_\_\_

Relationship to Applicant:  Father  Mother  Caregiver  Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Should the above Parent/Legal Guardian/Caregiver be listed as the Primary Contact:  Yes  No

**GENERAL INFORMATION:**

School Name: \_\_\_\_\_  Middle School  High School  College

Anticipated Graduation Date: \_\_\_\_\_ / \_\_\_\_\_ (Month / Year)

Employer: \_\_\_\_\_ (W) Phone: \_\_\_\_\_

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# People & Animal Learning Services, Inc. (PALS)

How did you learn about PALS? (*new volunteers only*) \_\_\_\_\_

Referred By: \_\_\_\_\_ (if applicable)

**HEALTH HISTORY:** Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalization/surgeries, or lifestyle changes.

Recent medical tests: Last Tetanus Shot \_\_\_\_\_ Tuberculosis Test Date \_\_\_\_\_  
(Consult your physician or local health department if you are not up to date with these shots/tests)

I understand that the information provided above is accurate to the best of my knowledge. I know of **no** reason why I/this participant **can't** participate in activities at this therapeutic equine center.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Volunteer

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent or Legal Guardian if Volunteer is a Minor

**POLICY OF CONFIDENTIALITY:** Confidentiality is defined as "told in secret or private relations; trusted." Any information in regards to the participants at People and Animal Learning Services, Inc. must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our facility. In failure to abide by this policy, the quality of the services we provide may diminish and result in legal ramifications. I have read and understand People and Animal Learning Services' Policy of Confidentiality and agree to abide by it.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Volunteer

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent or Legal Guardian if Volunteer is a Minor

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People & Animal Learning Services, Inc. (PALS)

**CONSENT, RELEASE AND ASSIGNMENT**

\_\_\_\_\_, hereinafter referred to as Assignor (if Assignor is a minor, Assignor’s parent or legal guardian, \_\_\_\_\_) hereby consents to the use of, and hereby releases and assigns to People & Animal Learning Services, Inc., an Indiana not-for-profit organization (“PALS”) all rights Assignor may now have, or may hereafter acquire, in and to Assignor’s name, voice, signature, any images, likenesses, photographs, distinctive appearance, gestures, mannerisms, motion pictures, video recordings, audio recordings and/or writings attributable to Assignor provided to PALS, at any time, in connection with the production or reproduction of any marketing/promotional or educational communications or materials, including but not limited to Assignor’s name, voice, signature, any images, likenesses, photographs, distinctive appearance, gestures, mannerisms, motion pictures, video recordings, audio recordings and/ writings attributable to Assignor.

Assignor hereby authorizes PALS to reproduce, copy, exhibit, publish or distribute Assignor’s name, voice, signature, any and all such images, likenesses, photographs, distinctive appearance, gestures, mannerisms, motion pictures, video recordings, audio recordings and/or writings attributable to Assignor, on a not-for-profit basis, for as long as deemed beneficial or necessary to PALS, in the sole discretion of PALS.

Assignor understands and agrees that PALS, and/or any officer or director thereof, will be held free and clear of any responsibility or claim for liability in connection with PALS’ reproduction, copying, exhibition, publication or distribution of Assignor’s name, voice, signature, any and all such images, likenesses, photographs, distinctive appearance, gestures, mannerisms, motion pictures, video recordings, audio recordings and/or writings attributable to Assignor.

\*\*\*\*\*

**Please select and initial only one (1) option, below:**

\_\_\_\_\_ I hereby certify that I am the person named as Assignor above, I am over the age of eighteen (18),  
Initial I am of sound mind, and I have read and clearly understand this authorization, and do freely sign this authorization.

\_\_\_\_\_ I hereby certify that I am the parent or legal guardian of \_\_\_\_\_, named as  
Initial Assignor above, that I am legally authorized to sign this authorization on his/her behalf as said person’s parent or legal guardian, and, I have read and clearly understand this authorization, and do freely sign this authorization.

\_\_\_\_\_ I DO NOT consent to the above written Consent, Release and Assignment  
Initial

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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People & Animal Learning Services, Inc. (PALS)

7644 W Elwren Road  
Bloomington, IN 47403

**LIABILITY RELEASE**

(If party is a minor or ward, this form to be completed in **ink** by parent or legal guardian)

Witness this release dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between People and Animal Learning Services, Inc., an Indiana not-for-profit corporation, (hereinafter referred to as "Management"), the owner and operator of the stables, riding arena and real estate located at 7644 W. Elwren Road, Bloomington, IN 47403 (hereinafter, collectively, the "Riding Facilities") and \_\_\_\_\_, (hereinafter referred to as "User") **and, if User is a minor or ward, User's parent or guardian,** \_\_\_\_\_ (hereinafter referred to as "Guardian") (User and Guardian are hereinafter sometimes referred to as "Participant"). For valuable consideration received, and in exchange for the covenants and representations herein made, Management, on behalf of itself, its instructors, employees, Board of Directors, Advisory Board, therapists, aides, volunteers, drivers and/or agents (collectively hereinafter referred to as "PALS") and User, Guardian (if applicable), Participants' heirs, assigns, and/or representatives, hereby agree as follows:

- 1) THE PARTICIPANT AGREES TO ASSUME ANY AND ALL RISKS INVOLVED IN OR ARISING FROM OR RELATED TO USER'S USE OF THE RIDING FACILITIES OR PRESENCE UPON THE RIDING FACILITIES, USE OF HORSES AND EQUIPMENT PROVIDED BY PALS WHETHER ON OR OFF OF THE RIDING FACILITIES, AND ANY RELATED APPURTENANCES, FACILITIES OR EQUIPMENT LOCATED THEREON, INCLUDING, BUT NOT LIMITED TO THOSE RISKS WHICH MAY ARISE FROM OR IN CONNECTION WITH THE NEGLIGENCE OF PALS. PARTICIPANT ACKNOWLEDGES THAT THESE RISKS INCLUDE, BUT ARE NOT LIMITED TO, DEATH, BODILY INJURY OR PROPERTY DAMAGE DUE TO FALLS, KICKS, BITES, COLLISIONS, BEHAVIOUR OF OTHER HORSES, FIRE, EXPLOSION, AND LIMITED EMERGENCY MEDICAL CARE AVAILABILITY.
- 2) Participant acknowledges that horses, by their very nature are unpredictable and may act upon instinct, fright or whim. Participant assumes all risks in connection therewith and expressly waives any claims for any injury, damage or loss arising therefrom. Participant agrees to abide by and follow PALS' instructions, rules and regulations. Participant further acknowledges that the behavior of any animal is contingent to some extent upon the ability of the User. Participant assumes all risks therefore and warrants a full and fair disclosure of User's abilities have been made to Management. Participant affirms that participant has been well advised and thoroughly informed of the risks and inherent dangers of horseback riding and being in the presence or horses in general.

People & Animal Learning Services, Inc. (PALS)

- 3) Participant agrees to assume any and all risks involved in or arising out of Participant's use of any equipment or livestock pertaining to the rental and riding of horses or riding lessons, the use of any equipment, arena or other structure on or about Riding Facilities, the use of any trail on or about the Riding Facilities or related to any and all riding lessons whether provided at the Riding Facilities or off of the Riding Facilities.
- 4) PARTICIPANT AGREES TO RELEASE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND DEFEND PALS FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, CAUSES OF ACTION, DAMAGES, JUDGMENTS, ORDERS, COSTS OR EXPENSES, INCLUDING REASONABLE ATTORNEY'S FEES, WHICH MAY IN ANY WAY ARISE FROM OR BE IN ANY WAY CONNECTED WITH PARTICIPANT'S USE OF OR PRESENCE UPON THE RIDING FACILITIES OR USE OF HORSES AND EQUIPMENT PROVIDED BY PALS WHETHER ON OR OFF OF THE RIDING FACILITIES, WHETHER OR NOT ARISING FROM THE NEGLIGENCE OF PALS OR ANY THIRD PARTY
- 5) PARTICIPANT HAS CAREFULLY READ AND UNDERSTANDS THIS CONTRACT AND AGREES WITH ITS CONTENTS

**UNDER INDIANA LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

**THIS IS A RELEASE OF LIABILITY. DO NOT SIGN IF YOU DO NOT UNDERSTAND OR AGREE WITH ITS TERMS.**

User Name: \_\_\_\_\_  
(Printed)

Parent/Guardian's Name: \_\_\_\_\_ (if User is a minor or ward)  
(Printed)

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(User)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian if User is a minor or ward)

\* If rider is a guest, please identify Boarder responsible: \_\_\_\_\_

People & Animal Learning Services, Inc. (PALS)  
**MEDICAL AUTHORIZATION FOR EMERGENCY TREATMENT (ADULT)**

**I. ADULT PARTICIPANT AUTHORIZATION** (MINORS PARTICIPANTS COMPLETE PART "II" OF THIS FORM ONLY)

**IMPORTANT:** Please read contents carefully and elect only one (1) of the options below by initialing. If you elect to permit authorization of emergency treatment, all of Section 2 must be completed. This form must be signed and dated, regardless of election.

1. \_\_\_\_\_ I, \_\_\_\_\_ (Print Name), **DO NOT** give  
Initial permission to People and Animal Learning Services, Inc., an Indiana nonprofit corporation ("PALS") to authorize any emergency treatment.

2. \_\_\_\_\_ **I PERMIT THE AUTHORIZATION OF EMERGENCY TREATMENT**  
Initial AS FOLLOWS:

I, \_\_\_\_\_, hereby give permission to People and Animal Learning Services, Inc., an Indiana nonprofit corporation ("PALS"), in my absence, to authorize any and all emergency treatment, deemed necessary by PALS, to be performed by any appropriate health care. This authorization shall be effective beginning immediately, and remain effective unless revoked by me in writing. A copy of this document shall have the same effect as the original.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date of Birth)

Physician's Name: \_\_\_\_\_ Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency, contact:

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

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

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

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People & Animal Learning Services, Inc. (PALS)  
**MEDICAL AUTHORIZATION FOR EMERGENCY TREATMENT (MINOR)**

**II. MINOR PARTICIPANT AUTHORIZATION (ADULT PARTICIPANTS COMPLETE PART "I" OF THIS FORM ONLY)**

**IMPORTANT: Please read contents carefully and elect only one (1) of the options below by initialing. If you elect to permit authorization of emergency treatment, all of Section 2 must be completed. This form must be signed and dated, regardless of election.**

1. \_\_\_\_\_ I \_\_\_\_\_ (Print Parent or Legal Guardian's  
Initial Name), as parent or legal guardian of \_\_\_\_\_ (Name of Child or Ward), a  
minor, **DO NOT** give permission to People and Animal Learning Services, Inc., an Indiana nonprofit  
corporation ("PALS"), in my absence, to authorize any and all emergency treatment to  
\_\_\_\_\_ (Name of Child or Ward).

2. \_\_\_\_\_ I **PERMIT** THE AUTHORIZATION OF EMERGENCY TREATMENT,  
Initial IN MY ABSENCE, AS FOLLOWS:

I, \_\_\_\_\_, as parent or legal guardian of \_\_\_\_\_ (Name of Child  
or Ward), a minor, hereby give permission to People and Animal Learning Services, Inc., an Indiana nonprofit  
corporation ("PALS"), in my absence, to authorize any and all emergency treatment deemed necessary by PALS, to be  
performed by a any appropriate health care provider, to \_\_\_\_\_ (Name of Child or Ward), whose date  
of birth is \_\_\_\_\_. This authorization shall be effective beginning immediately, and remain effective  
unless revoked by me in writing. A copy of this document shall have the same effect as the original.

\_\_\_\_\_  
(Printed Name) Parent or Legal Guardian of

\_\_\_\_\_  
(Printed Name of Child or Ward)

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date)

Physician's Name: \_\_\_\_\_ Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency, contact:

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

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

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

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