



# VOLUNTEER APPLICATION

*Spring 2017 Edition*

Email: [volunteer@soleanastables.org](mailto:volunteer@soleanastables.org) • 713-436-6625

[www.soleanastables.org](http://www.soleanastables.org)

Physical Address: Big Wish Farm 19200 McKay Rd., Alvin, Texas 77511

Mailing Address: P.O. Box 84955, Pearland, Texas 77584



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## THANK YOU!

Thank you for your interest in volunteering at SoléAna Stables. Our desire is to have volunteers that are ready to give our participants the most effective, uplifting and positive therapeutic riding experience possible. Our participants are full of life, love and hope, and I can assure you that they will bring you more blessings than you ever thought possible!

SoléAna Stables is a 501c3 non profit organization that provides exceptional therapeutic horseback riding and equine-assisted activities as a way to achieve goals that enhance physical, emotional, social, cognitive, behavioral and educational skills for individuals with special needs. At SoléAna Stables **our mission is to enhance and transform the lives of individuals and families with mental and physical challenges within a loving, family-like atmosphere using the healing power of horses.**

SoléAna Stables can serve individuals that have Down syndrome, cerebral palsy, autism, multiple sclerosis, developmental delays, traumatic brain injury, muscular dystrophy, paraplegia, sight and hearing deficits, learning disabilities and ADHD, to name a few. Participants can be as young as four and there is no maximum age limit.

**All volunteers must be at least 14 years old, however if you have an extensive horse background we will consider younger volunteers.** Please begin by reading and completing the attached Volunteer Application. Once completed and returned to us we will contact you regarding our next Volunteer Training session. **This training is mandatory before you can be added to the volunteer schedule.** Please mail the completed application to PO Box 84955, Pearland, TX 77584 or scan and email it to [volunteer@soleanastables.org](mailto:volunteer@soleanastables.org).

I want to thank you personally for giving your time to our program. I am truly humbled and grateful for your willingness to serve. Should you have any questions please contact our Volunteer Coordinator, Christie Shaw at [volunteer@soleanastables.org](mailto:volunteer@soleanastables.org) or myself at [director@soleanastables.org](mailto:director@soleanastables.org).

Our mission is great, but we cannot do it without the hard work and dedication of our volunteers! I look forward to meeting you and would like to be the first to say “Welcome to the family”!

Warm Regards,  
Sasha L. Camacho  
Executive Director  
[director@soleanastables.org](mailto:director@soleanastables.org)  
713-436-6625



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## OUR MISSION

Our mission is to enhance and transform the lives of individuals and families with mental and physical challenges within a loving, family-like atmosphere using the healing power of horses.

We recognize every individual for their own unique therapeutic needs. Maximizing each individual's potential requires a flexible program experience.

At SoléAna Stables we tailor each lesson to the participant's goals. Our instructor is trained to maximize the potential of each individual through personalized programs specific to the individual's requirements. Aside from our amazing instructor, we have volunteers who guide each individual with a loving hand and a tender heart. Together, these professionals will work to foster confidence and provide an overall sense of accomplishment that will encourage higher levels of independence.

### Disclaimer

This application will ask some very personal and private questions. It is our intention to find out more about the people that we are entrusting with our participants. The information contained in this application will be treated with the utmost confidentiality and respect. Our Board of Directors has mandated strict criteria for the treatment and storage of Confidential Documents. No one will have access without proper authorization.

The questions contained herein are not designed to offend or to pass judgment, but rather create an environment where a person's past will not hinder the goals of SoléAna Stables in carrying out our mission in a safe, fun and productive way. We may contact you for a personal interview depending on your answers in the Background Information section. Please be assured that answering affirmatively in this section does not necessarily preclude you from serving with participants.



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## VOLUNTEER OPPORTUNITIES

**Be a SIDEWALKER** – Walk beside the rider as they ride in order to assist with balance and reinforce the instructor's directions. Assist with horse grooming and tack. Arrive 15 minutes before lesson start time. **No horse experience needed.**

**Be a LEADER** – Lead the horse in the class. Assist with horse grooming and tack. Arrive 30 minutes before lesson start time to get horse ready for lesson. **Horse experience required.**

**Be a BARN STORMER** – For those that aren't comfortable being a Sidewalker or Leader, we will also need help feeding the horses, filling up water buckets and other horse related chores. This is a great way to be around the horses, get comfortable and then progress to Sidewalker.

### REQUIREMENTS

- Volunteers must be able to walk up to 1 hour, be able to jog briefly, and possibly support a moderate amount of weight. The minimum age is 14. (Younger volunteers with extensive horse experience may be considered).
- Volunteers must be dependable and prompt. Riders will expect to see their favorite volunteers on a consistent basis, so it will be a commitment. Volunteers need not serve multiple times per week, just consistently on the same day and time.
- Volunteers must be willing to engage the rider with conversation, as well as offer educational support mandated by instructor, teachers and therapists.
- Volunteers will work with the horses from the ground up and will not be asked to ride.
- All volunteers will need to attend the **MANDATORY** Volunteer Training 101 prior to being put on the permanent Volunteer Schedule or Volunteer Sub List. We will be following PATH International Safety Guidelines so we need to ensure that everyone is trained properly, not only for your own safety, but for the safety of our participants.
- Once we receive your completed Volunteer Application and you attended the Volunteer Training session, we will send you a link for Sign Up Genius. We will be using Sign Up Genius so that you can easily sign up for the time slots and positions you prefer and schedule your weekly reminders.

### DEPENDABILITY

- Our participants need the consistency of seeing the same volunteers on a weekly basis so we ask that you **sign up for the same time slot and position (Leader or Sidewalker) each week your schedule allows.** If your schedule varies, please sign up for the times that best fit your schedule. If you aren't sure of your availability, we can put you on our Sub List. There will be times where our regular volunteers are not able to make it and we will need to call on our subs to save the day!



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## General Information

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

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents Name: (if applicant is a minor): \_\_\_\_\_

Street Address: (if different from above): \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you hear about SoléAna Stables? \_\_\_\_\_

Please indicate your t-shirt size (available for \$10 but NOT mandatory): S M L XL XXL

**Availability (circle):** Monday 11:00pm-12:45pm Tuesday 3:30pm-5:15pm Saturday 12:00pm-1:45pm

Saturday 1:30pm-3:15pm Saturday 2:45pm-4:30pm Other (Please indicate your availability) \_\_\_\_\_

### **Check areas in which you are interested in volunteering:**

Horse Handling/Leading

Fundraising

Outreach

Sidewalking

Grant Writing

Volunteer Recruitment

Other: \_\_\_\_\_



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Do you have previous experience working with individuals with special needs?    YES    NO

If yes, list experience including dates, organization's name, location, and work performed:

\_\_\_\_\_

\_\_\_\_\_

### **Horse Background**

Do you have experience with horses?    YES    NO

If yes, list experience including dates, location, and work performed:

\_\_\_\_\_

\_\_\_\_\_

Level of horse expertise:    None    Beginning    Intermediate    Expert

### **Character & Horse Experience References**

You are not obligated to list any references, but may be helpful in determining your volunteer position.

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

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ How long known: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Employment History** (May not applicable for youth under 18)

Present Employer : \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

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

How long have you been employed? \_\_\_\_\_

Did you know that many employers will match your volunteer hours in donations to the non profits where you volunteer? Some also match dollar to dollar monetary donations made. Are you willing to check with your and/or your spouses employer's HR department to see if they offer such a program?    YES    NO



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### **Background Information**

Have you ever been arrested, convicted or pleaded guilty to a crime? YES NO

If yes, explain \_\_\_\_\_

Have you ever been accused, charged, alleged to have or have you ever committed any act of neglecting, abusing, molesting or battering any child or adult? YES NO

If yes, explain \_\_\_\_\_

Have you ever been treated for a psychiatric disorder? YES NO

If yes, explain \_\_\_\_\_

Has there been any abuse in your family background with drugs or alcohol or that was emotional, physical or sexual in nature? YES NO

If yes, what steps have you taken to minimize the impact that those issues will create for you?  
\_\_\_\_\_

Have you ever voluntarily left or been asked to leave a role within an organization due to concern regarding inappropriate conduct with minors or adults? YES NO

If yes, explain \_\_\_\_\_

### **Background Check Authorization**

I, \_\_\_\_\_ (volunteer), authorize SoléAna Stables to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals. I understand that such access is for the purpose of considering my application as a volunteer, and I expressly DO NOT authorize the SoléAna Stables, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent (if applicant is a minor): \_\_\_\_\_ Date: \_\_\_\_\_

### **Information Needed for Background Check**

Print Applicant's Full Legal Name: \_\_\_\_\_

Print Maiden Name or Any Alias: \_\_\_\_\_

City, State & County of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F

Driver's License #: \_\_\_\_\_ State Issued in: \_\_\_\_\_



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## **Physical Information**

Height \_\_\_\_\_

Can you walk for 60 minutes?      YES    NO

Can you jog for short distances?    YES    NO

Can you lift 40 pounds?              YES    NO

Can you stretch in all directions?   YES    NO

Can you support your arms above your shoulders?                      YES    NO

Do you have allergies, asthma or medical problems which would affect your ability to work with horses or in a barn environment?                      YES    NO

Are you able to work in all environmental elements?                      YES    NO

## **Health History**

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine-assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

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Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

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## Medical Release and Authorization

Volunteer Name: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize SoléAna Stables and Big Wish Farm to:

- Secure and retain medical treatment and transportation, if needed.
- Release participant records upon request to the authorized individual agency involved in the medical emergency treatment.

### In case of an emergency, please contact (must be a local contact):

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

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

Relationship: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

### Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person listed as "emergency contact" is unable to be reached. I agree to pay for or arrange insurance payment for costs and claims SoléAna Stables/Big Wish Farm incurs or becomes liable to pay for all medical aid, treatment, and procedures arising from any illness or injury covered by this authorization.

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

Volunteer (or Parent if a Minor)

### OR

### Non-Consent Plan

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, SoléAna Stables/Big Wish Farm. In the event emergency treatment/aid is required, I WISH THE FOLLOWING PROCEDURES TO TAKE PLACE:

\_\_\_\_\_

\_\_\_\_\_

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

Volunteer (or Parent if a Minor)



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### **Confidentiality Agreement:**

SoléAna Stables operates on the foundation of integrity and respect for the dignity of all people. This statement of confidentiality is to inform all volunteers of their responsibility to ensure that a breach of confidentiality does not occur.

Confidential information includes but is not limited to:

- Participants' medical records, diagnosis and medical history
- Participants' financial information
- Any information in a participants' file regarding family members
- Volunteer or employees' personal file
- All financial information about SoléAna Stables
- All donor & donation information, including but not limited to: address, phone number, email, business, amount of donation and purpose. Any network information, including but not limited to: committee members lists, newsletter lists, mailing lists, including names, addresses, phone numbers, email addresses and business information

This information may exist in the form of computer-based systems or written, pictorial, graphic or auditory form.

I agree not to disclose confidential information to third parties not affiliated with SoléAna Stables, except as required by law. I agree not to discuss or otherwise disclose confidential information unless absolutely necessary while acting within the course and scope of my duties. ALL SUCH DISCUSSIONS SHALL BE LIMITED TO ONLY THE APPROPRIATE PERSONNEL AND STAFF WHO HAVE A NEED TO KNOW SUCH INFORMATION IN THE DELIVERY OF PROFESSIONAL SERVICES.

I understand the above statement on inappropriate disclosure of confidential information. I recognize as a staff member, volunteer or participant that corrective actions, up to and including discharge will be implemented if inappropriate disclosure occurs.

Signature of Volunteer or Parent (if applicant is a minor): : \_\_\_\_\_ Date: \_\_\_\_\_

### **Photo and Video Release:**

I consent to and authorize  I do not consent to nor do I authorize

The use and reproduction by SoléAna Stables of any other audio/visual materials taken of me for distribution to the public for promotional printed materials, educational activities, exhibitions, including website and other social media or for any other use for the benefit of the program.

Signature of Volunteer or Parent (if applicant is a minor): : \_\_\_\_\_ Date: \_\_\_\_\_

### **Social Media Agreement:**

SoléAna Stables appreciates volunteers' enthusiasm in sharing the amazing strides our participant's are taking as a part of this program. However, we ask that you consult with the SoléAna Stables Instructor or Executive Director before posting any videos/pictures or other information on social media. Not everyone in our program is open to sharing their personal experiences on social media and we want to make sure we respect their privacy.

I agree to request permission from the SoléAna Stables Instructor or Executive Director before posting personal videos/pictures or other information online that I may capture or be featured in and/or before referencing SoléAna Stables .

Signature of Volunteer or Parent (if applicant is a minor): : \_\_\_\_\_ Date: \_\_\_\_\_



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## SoléAna Stables -Liability Release Agreement

**WARNING UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.**

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give you my information (including opinions) that they may have regarding my character and fitness for working with minors and individuals with disabilities. I acknowledge the risk and potential for risk of working with and around horses. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, RELEASE, WAIVE AND DISCHARGE, SoléAna Stables, a Texas non-profit 501c3 Corporation, its Owners, Employees and Board of Directors, from ALL liability, and any and all possible causes of action in law or in equity that may arise from injury, including but not limited to injury, damage or other misfortune resulting from any recreational or educational activity, including, but not limited to grooming, walking or leading, horseback riding, or group activity which may take place at the stables or at other locations.

I am fully aware that there is an element of risk of injury, damage or other misfortune associated with these recreational and educational activities. I accept the risk of such activities, and am aware that such activities are for the recreation, sport, therapy or education, and undertake them voluntarily as the possible benefits are greater than the risk assumed.

I further agree to INDEMNIFY AND HOLD HARMLESS SoléAna Stables, it's Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees/Contractors for any injuries and/or losses I may sustain while volunteering at SoléAna Stables. I do hereby for myself, heirs, personal representatives and agents forever release and discharge any claims, demands, actions or lawsuits that may occur as a result of negligent, but not reckless or intentional conduct during my participation.

By signing below, I ACKNOWLEDGE that I enter into this release after having read the same, and place my signature hereto of my own free voluntary act and deed. By signing below, I represent to SoléAna Stables that I fully understand its contents, that I do not need any further explanation, and I waive any further explanation.

**I have read and understand the above release and indemnity agreement.**

Date: \_\_\_\_\_ Volunteer Name (Print): \_\_\_\_\_

**Volunteer or Parent/Guardian Signature (if applicant is a minor):** \_\_\_\_\_

Print Parent/Guardian Name (if applicant is a minor): \_\_\_\_\_

Relationship to Volunteer (if applicant is a minor): \_\_\_\_\_

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

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

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



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# Big Wish Farm Liability Release—ADULTS only

Sec. 87.005. WARNING NOTICE. (a) A farm animal professional shall post and maintain a sign that contains the warning contained in Subsection (c) if the professional manages or controls a stable, corral, or arena where the professional conducts a farm animal activity. The professional must post the sign in a clearly visible location on or near the stable, corral, or arena.

(b) A farm animal professional shall include the warning contained in Subsection (c) in every written contract that the professional enters into with a participant for professional services, instruction, or the rental of equipment or tack or a farm animal. The warning must be included without regard to whether the contract involves farm animal activities on or off the location or site of the business of the farm animal professional. The warning must be clearly readable.

(c) The warning posted by a farm animal professional under this section must be as follows:

### WARNING

**UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.**

I, \_\_\_\_\_, have read and understand the above statements. I  
*(please print)*

understand that horses are unpredictable creatures, and that people have been hurt and killed by accidents involving horses. I further state that Dea Martin or Howard Martin, as owners of Big Wish Farm, or any boarder at Big Wish Farm, will not be held responsible by myself or any member of my family for any of the occurrences mentioned above. All medical expenses incurred as a result of any injury are solely my responsibility. I also state that I am fit to work around horses, having no medical condition or illness, congenital or otherwise, which would prevent me from safely working around horses. I understand that any spectators that I bring to the farm are my responsibility, and mine alone.

**Signature of Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed name of witness:** \_\_\_\_\_

**Phone number of witness:** \_\_\_\_\_



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# Big Wish Farm Liability Release—MINORS only

Sec. 87.005. WARNING NOTICE. (a) A farm animal professional shall post and maintain a sign that contains the warning contained in Subsection (c) if the professional manages or controls a stable, corral, or arena where the professional conducts a farm animal activity. The professional must post the sign in a clearly visible location on or near the stable, corral, or arena.

(b) A farm animal professional shall include the warning contained in Subsection (c) in every written contract that the professional enters into with a participant for professional services, instruction, or the rental of equipment or tack or a farm animal. The warning must be included without regard to whether the contract involves farm animal activities on or off the location or site of the business of the farm animal professional. The warning must be clearly readable.

(c) The warning posted by a farm animal professional under this section must be as follows:

### WARNING

**UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.**

I, \_\_\_\_\_, parent of \_\_\_\_\_, have read and understand  
*(please print)* *(please print)*

the above statements. I understand that horses are unpredictable creatures, and that people have been hurt and killed by accidents involving horses. I further state that Dea Martin or Howard Martin, as owners of Big Wish Farm, or any boarder at Big Wish Farm, will not be held responsible by myself or any member of my family for any of the occurrences mentioned above. All medical expenses incurred as a result of any injury are solely my responsibility. I also state that my child is fit to ride, having no medical condition or illness, congenital or otherwise, which would prevent him/her from safely riding or working around horses. I understand that any spectators that I bring to the farm are my responsibility, and mine alone.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Printed name of witness: \_\_\_\_\_

Phone number of witness: \_\_\_\_\_

**\*\*\*If at all possible, separate forms are required for a minor's mother AND father. It IS permissible to witness the other parent's form.\*\*\***