

ABOVE & BEYOND "ORDINARY" PEOPLE
A Therapeutic Riding School
Specializing in Teaching Riding to
Adults and Children with Disabilities
3600 S Harbor Blvd., #289 • Oxnard, CA 93035
Phone: (805) 984-4014 • Cell: (805) 217-2776



Jan L. Threinen – Program Director - NARHA Certified Instructor

VOLUNTEER APPLICATION

Date _____

Name _____ Birthday _____

Address _____ City _____ Zip _____

Phone: Home _____ Work _____ Okay to Contact _____

Hours/day available _____ Hours available/week _____

Do you have any physical limitations? _____ Explain _____

Can you walk for 45 minutes straight and jog short distances? _____

Are you comfortable around horses? _____ Any experience? _____

Do you have any experience with disabled children or adults? _____

Our greatest need is for sidewalkers and horse leaders. However, we do have many areas of volunteer service. Please check those which you may be interested in:

Horse leader or sidewalker in class

Phone calling

Care of horse

Typing and office work

Care of equipment

Fundraising

Maintenance of facility

Public relations

Emergency Contact _____ Phone _____

Comments or Suggestions _____

I agree to hold harmless Above & Beyond "Ordinary" People, Their employees, agents, directors, or staff against any claim for injury to my property, regardless of the cause.

Signature _____ Date _____

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Dear Parents of Volunteers:

It is important to us that you know how much we at Above & Beyond "Ordinary" People Riding School value the hours that your children spend with us. We come to know them and love them in a special way. We also know that you put forth your time and effort to facilitate their coming here. For this reason we want you to know some information that will make our relationship mutually beneficial.

We will try to let everyone know in a timely fashion any rescheduling information. If, for some reason, you have not been to Above & Beyond "Ordinary" People for some time, it would be wise to call and check any schedule changes before you come. Because of the location of Above & Beyond "Ordinary" People, there should be no one here under the age of 18 without an adult. Volunteers under the age of 10 must have an adult supervising them at all times. We do not have the personnel to supervise smaller children.

All children under the age of 12 MUST wear a helmet at all times. We appreciate your help in enforcing this rule.

The Volunteer work at Above & Beyond "Ordinary" People is physically strenuous activity. We don't want to experience volunteer burn-out. To avoid this, we request that individual volunteers spend a maximum of 4 hours here on any given day and a weekly maximum of 6 hours. We have found if the volunteers are kept to fewer hours per week, they continue to join us for months to years. The volunteers who come continually usually find it no longer enjoyable after a few weeks.

Working with horses is a wonderful experience for all of us. *Without our volunteers it would be impossible to provide our Program of Riding for the Handicapped.* It is important for our volunteers to understand what our school is about. When they are here, we encourage everyone to have a good time, and to get the work done. Many times it is necessary to listen to and follow detailed instructions. We will provide on the job training as well as periodic training sessions. Certainly, everyone involved will be treated with respect at all times.

Once again, we would like you to know how much we appreciate the parents that make it possible for our volunteers to be here. We welcome any comments or input from you whenever you have any questions or comments about Above & Beyond "Ordinary" People, our School, our clients, and your children.

Sincerely,

Jan

****After a 3- day volunteer trial period and a total of 20 hours, the volunteer is eligible for a lesson with the instructor. Every 20 hours = a lesson but not before that****

Above and Beyond "Ordinary" People
A Therapeutic Riding School

PHOTO RELEASE FORM

For valuable consideration given and which is hereby acknowledge, the undersigned hereby grants to Above and Beyond "Ordinary" People permission to take or have taken still and moving pictures and films including television pictures for

(Print name) _____,

and consents and authorizes Above and Beyond "Ordinary" People, its advertising agencies, news media and any other persons interested in Above and Beyond "Ordinary" People and its work, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional material, books and clinical material. With respect to the foregoing matters, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than that intention of Above and Beyond "Ordinary" People to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding Above and Beyond "Ordinary" People and therapeutic riding.

DATED _____

Signature

Print name of parent or guardian

Rancho Royale

10480 Creek Rd. Oak View, CA

Release of Liability and Assumption of Risk

Owner/Rider

This Agreement entered into on this _____ day of _____, 20_____,

By and between Rancho Royale, hereinafter referred to as RR and

(Print name) _____, hereinafter referred to as RIDER

and if RIDER is a minor, RIDER'S parent or guardian _____, for the use today and on all future dates, of the property, facilities and services of RR, RIDER, RIDER'S heir, assigns and representatives hereby agree as follows:

Inherent Risks and Assumption of Risk. The undersigned acknowledge there are inherent risks associated with equine activities such as described below and hereby expressly assume all risks associated with participating in such activities. The inherent risks include, but are not limited to the propensity of equines to behave in ways such as running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in injury or death to persons on or around them; the unpredictability of equines reaction to their surroundings; certain hazards such as surface and subsurface conditions; and the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others such as failing to maintain control of the animal. RIDER acknowledges that horses by their very nature are unpredictable. RIDER assumes all risks in connection therewith and expressly waives and claims for injury, loss or damages arising there from. RIDER agrees to abide by RR rules and regulations which shall be posted and/or available from management.

YOU ARE ADVISED THAT THERE ARE INHERENT RISKS, INCLUDING THE RISK OF SERIOUS INJURY OR DEATH, WHILE ENGAGING IN EQUINE ACTIVITIES. BY ENGAGING IN EQUINE ACTIVITIES AND IN ACCORDANCE WITH THE TERMS OF THIS AGREEMENT YOU HEREBY ASSUME ALL RISKS OF INJURY OR DEATH.

Release of Liability. RIDER agrees to hold harmless, indemnify and defend, RR, the owners, operators, agents, employees, landowners thereof, against any and all claims, demands, causes of action, damages, liabilities, judgments, orders, costs or expenses including attorney's fees which in any way may be connected, directly or indirectly, with RIDERS use or presence upon herein said property and the facilities thereon. In the even the rider is a minor, the parent or guardian shall further indemnify, defend and hold harmless, RR, the owners, operators, agents, employees and landowners thereof from any such claims by said minor child.

Name _____

Address _____ Phone _____

DOB if RIDER is a minor _____ Guests: I am a guest of _____

X _____ Date _____

Authorization to Obtain Medical Treatment for Minor

RR is hereby authorized to obtain any and all medical treatment RR deems reasonably necessary for my minor child or children including emergency transport by ambulance to any emergency room. Parent or guardian agrees to bear any cost connected therewith. RR shall incur no financial responsibility pursuant to this authorization.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date