



814 West Kings Highway, Coatesville, PA 19320
Phone: 484.883.1844
www.locustlaneridingcenter.org

2017/04 rev KES Information and Liability _____ DataBase Entry Date/Initials _____ Staff entry _____.

(Please complete in blue or black ink)

CONTACT INFORMATION

Your relationship with LLRC is as a: Boarder Student Volunteer Staff (please check appropriate box(es)).

Your Name: _____ Birthdate: _____

If under 18: Father, Mother, or Guardian (please circle): _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

IN CASE OF EMERGENCY, PLEASE CONTACT

Parent(s)/Spouse/Guardian/Caregiver (please circle): _____

Contact Number: _____

MEDICAL RELEASE

The above student hereby (check one) "Consents _____", "Does not consent _____" to any medical, dental, or surgical treatment or procedure of an emergency nature that is reasonably necessary to save the life of the person named above or to restore the person to health.

I understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future payment of incurred bills.

Physician _____

Address _____ Telephone _____

INSURANCE

The above named student carries accident/medical insurance: yes no .

Name of insurance Co. _____ Policy #: _____

HELMET REQUIREMENT & SUGGESTED RIDING ATTIRE

An ASTM-SEI Equestrian approved helmet is required while mounted. I have been advised to wear hard soled shoes and pants in and around the stables and while working with or riding horses, so as to help prevent horse-related injuries. (Open toe shoes are not allowed in the stable area).



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Locust Lane Riding Center
Volunteer Agreement and Release and Waiver of Liability
PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!

***IMPORTANT:** *Each Locust Lane Riding Center Volunteer must have a signed "Volunteer Agreement and Release and Waiver of Liability" on file. Please complete this form now in order to be considered for a Volunteer position. Please print all information in blanks provided.*

This Volunteer Agreement and Release and Waiver of Liability (the "Release") is made on this _____ day of _____, 20____, by _____ (the "Volunteer") and shall remain in effect for one full calendar year from this date, in favor of Locust Lane Riding Center, a ministry organized and existing under the laws of the Commonwealth of Pennsylvania, its directors, officers, employees, representatives and agents (collectively "Locust Lane Riding Center").

I desire to be a Volunteer for Locust Lane Riding Center and engage in the activities related to being a volunteer at an event held by Locust Lane Riding Center.

I hereby freely and voluntarily, without duress, execute this Release under the following terms:

- 1. Relationship of the Parties.** I willingly volunteer my time and services to Locust Lane Riding Center. I understand that I am a volunteer with respect to Locust Lane Riding Center and that I am not an employee or contractor. Locust Lane Riding Center shall not provide me with any payment for my services or any fringe benefits. Any expenses incurred by me in the provision of my volunteer services shall not be reimbursed to me unless I have received, in advance, a written authorization to make any expenditure on behalf of Locust Lane Riding Center.
- 2. Waiver and Release.** I, the Volunteer, on behalf of myself, my family, my estate, and each of such person's heirs, executors, administrators, successors and assigns, fully, unconditionally, and without reserve, **release and forever discharge and hold harmless** from any and all claims, demands, losses, costs, expenses, including attorney's fees and expenses, obligations, liabilities, deficiencies, or damages of every kind and nature whatsoever, known or unknown, now existing or that may arise in the future, whether in law or in equity, which arise out of or are attributable to or in any way based upon or related to my providing volunteer services for Locust Lane Riding Center. I understand and acknowledge that the claims being released hereunder include, without limitation, claims, if any, based upon or in any way related to the negligence of Locust Lane Riding Center or its directors, officers, employees, or agents.

I understand and acknowledge that this Release discharges Locust Lane Riding Center from any liability or claim that I, the Volunteer may have against Locust Lane Riding Center with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation as a Volunteer, whether caused by the negligence of Locust Lane Riding Center or its directors, officers, employees, or agents, or otherwise. I also understand that Locust Lane Riding Center does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage.
- 3. Medical Treatment.** I hereby release and forever discharge Locust Lane Riding Center from any claim whatsoever which arises or may hereafter arise on account of any first-aid, medical treatment, or other services rendered in connection with my volunteer service with Locust Lane Riding Center. Furthermore, I give Locust Lane Riding Center and its representative(s) authority to request and authorize medical and/or hospital treatment for the benefit of me in the event of any injury of sickness sustained by me.
- 4. Assumption of the Risk.** I recognize and understand that my time with Locust Lane Riding Center will include activities that may expose me to illnesses and hazards, including local travel to and from the volunteer sites. My signature on this release, and my participation in any such activity associated with my volunteer service, indicates that I have to my full satisfaction obtained all information necessary for me to assess the risk and willingly participate. I hereby expressly and specifically assume the risk of injury or harm in these activities and release Locust Lane Riding Center from all liability for injury, illness, death, or property damage resulting from the activities of my time with Locust Lane Riding Center.



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5. **Photographic/Story Release.** I grant and convey unto Locust Lane Riding Center all right, title, and interest in any and all story, photographic images, video or audio recordings made by Locust Lane Riding Center during my volunteer service for Locust Lane Riding Center, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
6. **Confidentiality.** I agree to keep confidential any and all information related to Locust Lane Riding Center. I will not at any time or in any manner, either directly or indirectly, divulge or disclose any information related to Locust Lane Riding Center or attendees and their families, to any third parties and I shall not use such information for my own benefit or for the benefit of anyone other than Locust Lane Riding Center.
7. **Return of Property.** Upon completion of my volunteer service, I shall return all property belonging to Locust Lane Riding Center that is in my possession or under my control.
8. **Termination.** I am under no obligation to provide any volunteer services to Locust Lane Riding Center and may withdraw from participation in any event at any time. I will notify a representative of Locust Lane Riding Center if I choose to do so. I understand that Locust Lane Riding Center reserves the right to terminate my volunteer services at any time and is under no obligation to use my volunteer services.
9. **Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Pennsylvania. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

To express my understanding of this release, I sign here in the presence of a witness (if under age 18, must be notarized or witnessed by a parent or guardian):

VOLUNTEER NAME: (please print) _____

Address: _____

Phone Number: _____

Signature _____ Date: _____

Witness: Name: (please print): _____

Relationship to Volunteer: _____

Signature _____ Date: _____

Thank you for returning a signed copy of this agreement to LLRC before you participate in any program or volunteer activity.



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VOLUNTEER HISTORY

Name: _____

Date: _____

Phone Number: _____

PLEASE CHECK ALL THAT MAY APPLY

I am available to volunteer: _____ Mornings _____ Afternoons _____ Evenings

I am available on a limited basis: (Please indicate your availability ie, Spring Break, Summer Vacation, etc.)

I would like to help with:

_____ Lessons

_____ Specialty Groups (Gordon Center, Wounded Warriors, etc.)

_____ Pony Ride Events (April-October)

_____ Summer Camp (5 weeks in June/July/August)

_____ Open House (in May)

_____ Fundraisers (through-out the year)

_____ Daily Chores

_____ Work Days (typically 2nd Saturday of every month)

My experience has been __ None __ A Little __ I have had lessons & am comfortable __ Extensive, I am a "horse person"

History (for office use only)

Volunteer Education Session times will be posted on the www.LocustLaneRidingCenter.org website. You must complete a session before volunteering at the farm.

If you cannot attend a session please contact Shelly Pellet at: 484.883.1844 to schedule a time for the session.



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Policies and Procedures for the Protection of Children and Youth

Locust Lane Riding Center (LLRC) welcomes everyone who wishes to volunteer. LLRC recognizes that offering volunteer opportunities can cultivate a rewarding lifetime relationship for those who volunteer and our horses. We want volunteers to feel this is their farm and individuals should take pride in every aspect of serving at this faith based farm.

Since LLRC is an organization that deals with children and youth, we must take intentional measures to protect our children due to unforeseen abuse.

DEFINITIONS:

"Adult": a person 18 years of age or older and out of high school.

"Child": any person under the age of 18 or still in high school (it is important to note that this includes those persons who are normally designated as "Youth" at LLRC).

"The Two-Adult Rule": a standard that requires that at any activities involving children there will be at least two UNRELATED adults present. Two related people may serve together, but a third person should be present as well. This may include the presence of an adult "roamer" who moves in and out of rooms.

SCREENING PROCEDURES

LLRC requires screening of volunteers and staff who are in attendance at, but may not be limited to the following:

- Pony Events
- Parties
- Work-days
- Lessons
- Camps
- Supervision during daily chores

1. All adults, including **students, instructors, staff, volunteers** and **visitors**, who have direct and indirect contact with children, shall be required to provide:

- Standard contact information

2. **Volunteers and Staff**, adults who have direct and indirect contact with children on the farm, will be required to complete the Student – Volunteer – Staff Release and History form and the following:

- [PA Criminal Record Check \(https://epatch.state.pa.us/Home.jsp\)](https://epatch.state.pa.us/Home.jsp)
(\$10.00 processing fee, online)
- [PA Child Abuse Clearance \(http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/form/s_001762.pdf\)](http://www.dpw.state.pa.us/ucmprd/groups/webcontent/documents/form/s_001762.pdf)
(\$10.00 processing fee + postage)

This background check is processed by the state of PA and can take up to 4-6 weeks to be returned to you.

Background checks are only valid for 5 years from the date on the background check and must be updated upon request. We reserve the option to repeat background checks of persons after 5 or more years of service or a break in service of more than one year.

All Volunteers and Staff that plan to work alone with children must also have the following clearance on file with the farm (including but not limited to: lessons, camps, and parties):

- [FBI Identification Record Request/Criminal Background Check \(http://www.fbi.gov/about-us/cjis/background-checks/submitted-an-identification-record-request-to-the-fbi\)](http://www.fbi.gov/about-us/cjis/background-checks/submitted-an-identification-record-request-to-the-fbi) (\$18.00 processing fee, online)