MIRACLES THERAPEUTIC RIDING CENTER
(Operating at M&M Equestrian Center, Lafayette, CO 80026)
303.883.4667

Volunteer Consent & Release Form

Volunteer's Name _____Age_____Phone_____

Address_____ City_____ ST_____ Zip _____

Cell Phone_____ Email_____

In Case of emergency, contact _____Phone _____

 0r contact _____ Phone _____

Physician's Name _____ Phone _____

Health Insurance Name (optional) _____ Policy # _____

Date _____ Volunteer Signature _____

(or signature of parent or guardian if volunteer is under age 18)

Availability_____

Special Needs Experience_____

Horse Experience_____

Consent for Emergency Medical Treatment

In the event emergency medical aid/ treatment is required due to illness or injury while participating in the services of, or while being on property of M&M Equestrian Center operated by Golden Fox and Mark Fox, I authorize MIRACLES Therapeutic Riding Center to secure and retain medical treatment and/ or transportation if needed. This authorization includes any treatment deemed necessary by a treating health care professional and includes but is not limited to x-ray, surgery, hospitalization, and medication. In addition, I authorize MIRACLES to release my/ my child/ my ward's record to any individual involved in medical treatment and/ or necessary transportation.

Liability Release

WARNING Under the Colorado 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, pursuant to section 13-21-119, Colorado Revised Statutes.

I, _____ (Volunteer's name) would like to participate in the MIRACLES program. I acknowledge the risks and potential for risks in riding and working with horses. However, I feel that the possible benefits to myself/ my child/ my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, executors and/ or Board, Instructors, Therapist, Aides, remise, release, and forever discharge Miracles Therapeutic Riding Center and M&M Equestrian Center operated by Golden Fox and Mark Fox, and the respective owners, officers, agents, and employees, volunteers, employees, agents, and representatives acting officially or otherwise from any and all claims, demands, actions or causes of action, due to my death or the death of anyone in my party or on account of any injury to me or anyone in my party which may occur from any cause while on the property or while participating in the MIRACLES program of any kind for any and all injuries, damages, claims, demands, causes of actions, law suits, and/ or losses I/ my child/ my ward may sustain while participating in MIRACLES program.

Date _____ Volunteer's Signature _____
            (or signature of parent/ guardian if volunteer is under age 18)

Photo Release (Optional)

I herby consent to and authorize the use reproduction by Miracles of any and all photographs and any other audiovisual materials taken of me/ my child/ my ward for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

Date _____ Volunteer Signature _____
            (or signature of parent/ guardian if volunteer is under age 18)