



Dripping Springs or

San Marcos

## VOLUNTEER ORIENTATION

2018 - 2019

Welcome to RED Arena!

Your gift of time and energy makes it possible for RED Arena to provide outstanding services this community. We rely heavily on the commitment of our Volunteers to regularly attend during their scheduled time each week. A few things to start with....

- o Always drive **5 mph** on our driveway and yield to horses crossing, Volunteer parking is to the left, near the barn.
- o Please arrive 15 minutes before scheduled session or text **Dripping at 512-618-5154 or San Marcos at 512-618-6813** if you are running late or not coming.
- o In the event of weather cancelations, we try to provide 2 hours notice via text messages, please plan on coming unless we contact you.
- o Dress: We require everyone to wear the RED Arena t-shirt and sturdy close-toed shoes (no sandals or flips). You may wear comfortable jeans (not too tight or low cut) or shorts (nothing shorter than mid-thigh), sunblock & hats are strongly recommended.
- o Hydrate before you come and bring water to keep hydrating while you are here.

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

Training Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

City & Zip: \_\_\_\_\_

Cell phone for texts: \_\_\_\_\_

Days/times available (Mon-Thurs 7am-8pm):

Mondays: \_\_\_\_\_

Tuesdays: \_\_\_\_\_

Wednesdays: \_\_\_\_\_

Thursdays: \_\_\_\_\_

Requests: Please let us know if you have any specific areas you prefer to work in.

Barn only

Sidewalking: specifically      PT or      OT

Horse Handling

Office/Fundraising/PR/Marketing: \_\_\_\_\_

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

### Statement of Confidentiality

I fully understand that all information discussed, heard, and observed is related to the Rider's/Participant's confidential medical information as protected by law. This medical information may not be shared in any form to any other person. In no way will any information be related to or linked to the patient such that another person or third party could interpret that the patient is receiving medical care in any form. I understand that I can be held legally responsible for breach of patient confidentiality if I discuss or inter any of the patient's personal or medical information.

Signed Name

Date

### PHOTO RELEASE

Please check .... ***I DO*** or ***DO NOT***

Consent to and authorize the use and reproduction by **RED Arena, Inc** of any and all photographs and any other audio/visual materials taken of me/my child for promotional material, educational activities, exhibitions, website or for any other use for the benefit of the program.

Volunteer/Parent Signature: \_\_\_\_\_



Volunteer

## Authorization for Emergency Medical Treatment Form

Vol's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Best Phone: \_\_\_\_\_ Best Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_  
Health Insurance Company: \_\_\_\_\_ Medical  
Facility: \_\_\_\_\_  
Allergies to medications: \_\_\_\_\_  
Current medications: \_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, contact:

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

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize RED Arena to :

1. Secure and retain medical treatment and transportation if needed.
2. Release medical records upon request to the authorized individual or agency involved in the medical emergency treatment.

### Consent Plan

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Client, Parent or Legal Guardian

### Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case off illness or injury during the process of receiving services or while being on the property of the RED Arena. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Client, Parent or Legal Guardian



### Waiver of Liability for RED Arena, Inc.

In consideration of my visiting and utilizing the land and facilities of Red Arena,

I (Adult Volunteer Name or Parent Name of Minor Volunteer) \_\_\_\_\_, Legal Guardian of (minor volunteer's name) \_\_\_\_\_ hereby freely agree to and make the following contractual representations and agreements. I fully realize the dangers of participating near horses, in horseback riding, grooming, tacking, leading as well as participating in any and all activities at RED Arena. I fully assume the risks associated with such participation including, by way of example and not limitations, the following: the dangers of falling off and breaking a limb, collisions with other horses, fence posts, gates, other riders, other horses, fixed and moving objects; golf cart use, the dangers arising from surface hazards, equipment failure, inadequate safety equipment and weather conditions; the dangers of contact with biting insects, reptiles, and mammals; the dangers of participating in any play activity including drowning in the tank of the property; and the possibility of serious physical and/or mental trauma including ~~helmet~~ <sup>helmet</sup>waive, release, and discharge for myself, my heirs, executors, administrators, legal representatives, assigns and successors in interest (hereinafter collectively termed "successor") any and all right and claims which I have or which may hereafter accrue to me against RED Arena, Jennifer Young, David Young, Board of Directors, any of their employees, contractors, volunteers, designates or heirs, any property owners, law enforcement agencies, all public entities, special districts and properties (and their respective agents, officials and employees) through or by which the events will be held for any and all damages which may be sustained by me directly or indirectly in connection with , or arising out of my participating with activities at Red Arena of travel to or from RED Arena.

I agree that it is my sole responsibility to be familiar with the arena and the programs that I am/my child is attending. I understand and agree that situations may arise during participating in activities at Red Arena that may be beyond the immediate control of the property owners and I must partake in any and all activities so as to neither endanger others or myself. I accept responsibility for the condition and adequacy of my horse equipment and any other related personal equipment used at Red Arena. While riding a horse at RED Arena and any of the adjoining properties being utilized or leased by Red Arena, I/ my child will wear an ANSI, SNELL, or ASTM rated helmet, properly affixed to my/my child's head, and I assume all responsibility and liability for the selection and fit of such a helmet.

I, (adult volunteer or parent of minor volunteer) \_\_\_\_\_ fully understand the risks and choose NOT to wear a helmet/have my child wear a helmet while volunteering with and near horses.

I have no physical or mental condition which to my knowledge would endanger myself or others if I participate in these events, or on these premises of RED Arena, or would interfere with my ability to participate in activities at RED Arena.

I agree for myself and my successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my successors assert my claim in contravention of this agreement, I or my successors shall be liable for all the expenses (including legal fees) incurred by the other party or parties in defending his, her or themselves against my claim.

This agreement may not be modified orally and a waiver of any provision shall not be construed as a modification of any other provisions herein or as consent to any subsequent waiver or modification.

**WARNING:  
UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), 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.**

\_\_\_\_\_  
Signature of Adult Volunteer

Date: \_\_\_\_\_

PARENT OR GUARDIAN OF MINOR: I as parent or guardian of the below named minor, hereby give my permission for my child or ward to participate in activities at Red Arena, 1601 Bell Springs Rd, Dripping Springs TX 78620, or 1708 Centerpoint Rd, San Marcos TX 78666 and further agree, individually and on behalf of my child to the terms of the above.

\_\_\_\_\_  
Signature of Parent or Guardian

Date: \_\_\_\_\_



# Volunteer and Staff Skills Competency

Barn Skills 2018 - 2019

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

Training Date: \_\_\_\_\_

Trainer: \_\_\_\_\_

## Barn Skills

Skill	Date	Trainer Signature
Demonstrates ability to safely & appropriately catch and halter horse		
Correctly ties a quick release knot		
Appropriately grooms horse		
Safely & correctly picks hooves		
Demonstrates understanding of when and how to clean stalls		
Demonstrates how to appropriately apply fly spray to body and face of horse		
Demonstrates how to wipe horse's eyes		
Understands when and how to report injuries and lamenesses		
Demonstrates an understanding of horse body language		
Demonstrates an understanding of appropriate personal space when working with horses		
Demonstrates understanding of when and how to sweep barn stalls & aisles		
Demonstrates ability to assess and clean/refill water troughs		
Demonstrates understanding of when to use a shovel vs a rake when cleaning stalls, paddocks and arena		
Demonstrates ability to refill hay nets		