



Majestic Equine Connections, Inc.

Innovative Horse Therapy

New Volunteer **Returning Volunteer**

18 & Over Background checks required.

I am interested in volunteering for the following.

- Adaptive/Therapeutic Horseback Riding Office work(Requires fingerprinting)
- Barn Work, Cleaning stalls Fundraising -Assist
- Assist with working therapy horses Anything I can be helpful in!
- 4H Majestic Horse Spin Club- 6 weeks (fingerprinting required)
 Pet Paws & Inclusive 4H Program

Name of Volunteer _____ **Nick name** _____

Volunteer's Mailing/Home Address

_____ Street Apt. City State Zip

County _____ **Date of Birth** ____/____/____

Sex (circle) M F or _____

Cell PH (____) _____ Home Phone (____) _____

Email: _____

School Name _____ **Other** _____

| Parent or Guardian I (if applies) | Parent or Guardian II (if applies) |
|---|--|
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| Home PH _____ | Home PH _____ |
| EMail Address _____ | EMail Address _____ |
| Employer _____ / _____ | Employer _____ |
| Work PH _____ / _____ | Work PH _____ |
| Cell PH _____ / _____ | Cell PH _____ |

I prefer that you contact me by: Phone call, Text, or Email (Circle one)
(classes canceled, rescheduled, or delayed.) Which preferred or all _____

PHOTOS|MARKETING RELEASES

Release For: Majestic Equine Connections, Inc. | I willingly accept photos/videos releases to be public for publicity purposes for Majestic Equine Connections, Inc. during participation in activities or on property for services. This may include but not limited to: Facebook, website, on news-television, magazine, instagram, display boards, Linkedin, audio/movie recordings, and/or any publicity purposes associated with Majestic Horse or Majestic Equine Connections, inc.. The purpose is for marketing the program and promotional reasons for grants, funding, enlisting new participants, and volunteers.

YES, I agree.

Participant's Name _____
Guardian Signature| 18 or older _____ **DATE** _____

NO, I do not agree:

Participant's Name _____
Guardian Signature| 18 or older _____ **DATE:** _____

Emergency Contacts are required for clients and volunteers in case of an emergency. Two Emergency Contacts are required and the 3rd is helpful if the first two do not answer the phone. Yes, you have my permission to call emergency services if there is an emergency. This will be an option if the caregiver or guardian is not listed above and is not available through a phone call.

Guardian/Self Signature| _____ **Date:** _____

DIABETES ALERT _____ **ADDED INFO. (STUNTS)** _____

ALLERGY ALERT _____ **Insurance Name|#ID** _____

SEIZURE ALERT _____ **Preferred Hospital** _____

(DOB) _____ **PRIMARY DOCTOR & PH#** _____

Health History: Confidential - Write health history (ex: Depression, Diabetes, arthritis, ect...)

| Emergency Contact #1 Parent | Emergency Contact #2 Grandparent II | Emergency Contact #3 Aunt/Uncle |
|---------------------------------------|---|---|
| NAME _____ | NAME _____ | NAME _____ |
| PH # _____ | PH # _____ | PH # _____ |
| PH # _____ | PH # _____ | PH # _____ |
| ADDRESS _____ | ADDRESS _____ | ADDRESS _____ |

Majestic Equine Connections, Inc. has two addresses. Please contact Jennifer for which address the service will be held. *The Westfield Road address is TBA for equestrian activities.*

- Current Horse Activities Address:** 7460 Wooster Pike Rd. Seville, Ohio 44273
- Chippewa Lake House:** 7859 Westfield Road Medina, Ohio 44256 - **NEW**
A Partner with Medina County Parks District and The Ohio University Extension of 4H Spin Club



2023-2024
Edited: 11/30/23

CAUTION: READ CAREFULLY BEFORE SIGNING. ONE SIGNED COPY REQUIRED FOR EACH INDIVIDUAL WHO PARTICIPATES IN AN ACTIVITY.

I agree to the following Waiver, Agreement, and Liability Release with Majestic Equine Connections, Inc. and/or affiliated persons associated with the equine activities (referred to herein as "The Property Owners ("Danny & Jennifer Stankiewicz"), as a condition for its allowing me, and the other persons identified below, to do any of the following: enter any premises or facility where equine activities are conducted, be near horses in connection with any equine activities (handling, grooming, near, or riding horses). Agreement regardless of whether these activities take place under the supervision of "The Property Owner and Lessee" and its affiliates **Majestic Equine Connections, Inc.** at the following addresses: 7460 Wooster Pike Rd. Seville, Ohio 44273 and 7859 Westfield Road Medina, Ohio 44256.

CONTRACTING PERSON(S) PARTICIPANT'S NAME: _____ **DOB** _____

SIGNATURE: _____ **DATE:** _____ **PHONE/CELL:** _____

Address: _____

Parent/Guardian Signature: _____ **DATE:** _____

Additional Participants with same Guardian/Parent adding on: I also make this agreement of behalf of the following, who are my **children** or legal wards:

Name _____ **DOB** _____
Name _____ **DOB** _____
Name _____ **DOB** _____

All parts of the Waiver, Agreement, and Liability Release shall apply to me, and the children/legal wards listed above. (We will collectively call ourselves "I", "me", or "my", throughout this agreement.) This Waiver, Agreement, and Liability Release will be binding at all times, now and in the future, even after my relationship with "The property Owner".

RELEASE STATEMENT I understand that parts of the activities may be physically or emotionally demanding. I affirm that I (or the participant) am in good health and am not under a physician's care for any undisclosed condition that bears upon my (or their) ability to participate in this activity. I understand that "The property Owner" will offer safety equipment such as helmets. I recognize the inherent risk or injury or disability and understand that each participant must assume the risk of physical injury that could result. I release "The property owners" and volunteers from liabilities resulting from participating in these activities. This release is governed by the **State of Ohio**.

WARNING Under the Ohio Equine Activity Liability Act, (Ohio Revised Code Chapter 2305.321) an equine professional is not liable for an injury or the death of a participant in an equine activity resulting from an inherent risk of equine activity. It is *mutually understood* and agreed that the liability release set forth herein shall constitute a waiver of liability beyond the provisions of the Ohio equine activity liability act. By signing this agreement and liability release, I agree not to bring any claim or suit against "The property owner" or volunteers, affiliated persons, and others acting on their behalf on the basis of any exception in that

law. It is my intention to release and hold harmless “The property owner” or persons affiliated and entities associated with “The property owner” to the fullest extent allowed under the law.

HELMETS/HEADGEAR I agree to be fully responsible for my own safety at all times. “The property owner” has suggested that I buy and wear a properly fitted **ASTM-STANDARD/SEI-CERTIFIED EQUESTRIAN helmet** when riding or near equines. I am not relying on “The property Owner” to provide a certified helmet for me, to check any helmet or strap that I may wear, or to monitor my compliance with this suggestion at any time. **LIABILITY RELEASE:** As consideration for being to enter on property, to be near equines in connection with any “The property owner/lessee” activities (regardless of who owns the equines), and/or engage in any other activity involving horses/equines, whether or not under “The property owner” supervision, I agree to assume full responsibility for any and all bodily injuries or damages which I may sustain when engaging in these and other activities. The term “damages,” means, for example, medical expenses, losses incurred because of bodily injuries or property damages, and/or personal property damages. I, for my heirs, administrators, personal representatives or assigns, release and discharge “The property owner” and its affiliated persons, and others acting on their behalf of and from any and all claims, demands, damages, actions, omissions, suits, or causes and action (present and future), whether the same by known or unknown, anticipated omissions, suits, or causes of action (present or future), whether the same by known or unknown, anticipated or unanticipated, resulting from or arising out of my bodily injury or damage that may be

sustained, or property damage which may occur as a result of being on the property, handling horses, being near horses, and/or engaging in any other activity involving horses, whether or not under “The property owner” supervision. It is my intention to **RELEASE/WAIVER OR HOLD HARMLESS** Danny & Jennifer Stankiewicz (“The property Owner” and Lessee) or persons **AFFILIATED** with equine activities and/or other animals at the following address:

**7460 Wooster Pike Rd. Seville, Ohio 44273.
7859 Westfield Road Medina, Ohio 44256**

EQUINE-RELATED RISKS: I understand that anyone riding, handling, or even near a horse (referred to as “equine”) can suffer bodily and other injuries. Among other things, equines are unpredictable by nature. For example, frightened, angry, or under stress, the natural instincts of an equine are to jump forward or sideways or run away from danger by trotting or galloping. Equines are also known to kick, buck, rear up, back up quickly, spin around, strike, or bite. I know that equines can do any of these things without warning. I also understand that all equines, even if they have no known history of hurting people or animals, are powerful and can be dangerous to people, and other animals.

I fully read and agree with the above.

PARTICIPANT NAME CLEARLY: _____

SIGNATURE/OR GUARDIAN: _____ **Date** _____

Under Ohio law (Ohio Revised Code Section 2305.321), **horse owners and other parties are protected against liability for injuries that occur as a consequence of an inherent risk of equine activity** **PAGE 2 EquineLiability**

Majestic Equine Connections, Inc. **VOLUNTEERS BARN EXPECTATIONS**

Horse Activities Address: 7460 Wooster Pike Road Seville, Ohio 44273
Chippewa Lake House: 7859 Westfield Road, Medina, Ohio 44256

In order to achieve a safe atmosphere for our participants we must follow the guidelines below.

- Please be on time! Some lessons are scheduled back to back. Our expectations are **30 minutes** early for Horse leaders and Sidewalkers **15 minutes** early.
- Majestic Equine Connections, Inc. (MEC) is a non-profit organization (501 c3) to serve persons with disabilities/diversity.
- Lessons CAN BE canceled depending on the weather. Please inform Jennifer on the best way to I prefer you to Call me and if I do not answer, please leave a message. _____
- All forms must be filled out which includes: Equine Waiver, Emergency Contact, Photo Releases, AND some health history if any concerns of performing volunteer job duties.
- Please be responsible for all of your belongings. Majestic Equine Connections, Inc. is not responsible for your belongings.
- Please do not run or wander in restricted areas. Ask if you are unsure.
- Yes, I am 18 or older and willing to get a BACKGROUND Check within a reasonable time.
- No, I am not 18 or older.
- Helmets are required during lessons. It is the side walker's responsibility to assist participants with helmets.
- Please read all signs in your designated areas to adjust to any necessary changes in that AREA.
- Parking in the rear near a big yellow barn or near home. We are flexible. Please do not park anyone in. Please do not park in grass areas to prevent tire marks in grass.
- No dogs allowed, no weapons, no drugs, no smoking, no drinking alcohol or under the influence, and no anger.

- You are encouraged to **Self-Care prior to arriving**, eating, drinking, bringing fluids, wearing appropriate clothing and closed-toed shoes.

Our participants are counting on you!

- I sign and agree to the barn rules. I understand that I am expected to complete the orientation prior to volunteering. Read and check off boxes!**

VOLUNTEER _____ Date: _____

If applies SIGNATURE OF SELF OR GUARDIAN: _____

Majestic Equine Connections, Inc.

Innovative Horse Therapy

Background Information
Must answer honestly. This is confidential.
For ages of 18 years or older

Background Information

Have you ever been charged with or convicted of a crime? BCI check.

YES OR NO If yes, please explain

I, _____ (volunteer/staff), authorized Majestic Equine Connections, Inc. | Executive Director to receive information from any law enforcement agency, including police department and sheriff's departments, of this state (Ohio), 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 theft, children, elderly, or animals. (Information is confidential). I understand that such access is for the purpose of considering my application as an **contractor/employee/volunteer**.

Authorization may NOT be limited to the Board of Developmental Disabilities due to their support and willingness to fingerprint our volunteers within the community. All information is kept in a locked location.

Signature: _____ **Date:** _____
volunteer/staff

YES NO **Current Driver's License #** _____ **STATE** _____

Confidentiality Agreement: I understand that all information (written/verbal) about participants at Majestic Equine Connections, Inc. is confidential and will NOT be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

2023-2024

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