



PEGASUS RIDING ACADEMY, INC.

Therapeutic Riding Program

www.pegasusridingacademy.com

8297 Bustleton Avenue, Philadelphia, PA 19152 - (215) 742-1500 - FAX: (215) 742-1515

VOLUNTEER REGISTRATION FORM

DATE: _____

NAME _____

HOME PHONE _____ CELL PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ E-MAIL ADDRESS _____

VOLUNTEER AVAILABILITY (PLEASE CHECK)

Mon PM (5:30 – 8:30 pm) Wed PM (5:15 – 8:15) Sat AM (9:00 – 1:30)
(No community service hours)

Tues PM (5:15 – 8:15) Thurs AM (9:00 – 11:00) Sun AM (12:30 – 3:45)

Wed AM (9:00 – 1:00) Thurs PM (5:15 – 8:15) (No community service hours on Sunday)

Are you willing to be on our emergency call list if we are shorthanded? _____

ARE YOU DOING SCHOOL SERVICE HOURS? YES NO

Which school: _____

Number of hours needed: _____

ARE YOU HERE FOR COURT APPOINTED COMMUNITY SERVICE? YES NO

Which District/Judge: _____

Offence sentenced for: _____

Number of hours needed: _____

EACH VOLUNTEER IS RESPONSIBLE FOR TRACKING HIS/HER OWN HOURS USING A TRACKING SHEET. THESE SHEETS ARE AVAILABLE IN THE MAIN OFFICE AND MUST BE SIGNED AT THE END OF EACH DAY. IF THIS SHEET IS NOT SIGNED FOR EACH DAY THAT THE VOLUNTEER IS PRESENT, CONFIRMATION OF COMPLETED HOURS CANNOT BE GIVEN UNDER ANY CIRCUMSTANCES.

HORSE EXPERIENCE? YES NO Please Describe: _____

SIGNATURE _____ DATE _____
(Volunteer)

SIGNATURE _____ DATE _____
(Parent/Guardian if volunteer is under 18 years of age)



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VOLUNTEER EMERGENCY TREATMENT RELEASE FORM

VOLUNTEER _____

PARENT OR GUARDIAN _____

(If volunteer is under 18 years of age)

ADDRESS _____ **CITY** _____ **ZIP** _____

HOME PHONE _____ **CELL PHONE** _____

RELATION TO VOLUNTEER _____

PHYSICIAN'S NAME _____ **PHONE#** _____

HEALTH INSURANCE COMPANY _____ **POLICY#** _____

IN CASE OF EMERGENCY, CONTACT _____

(If different from above)

PHONE NUMBER: _____

PREFERRED MEDICAL FACILITY _____

Describe any medical condition requiring special precautions or treatment and any medications and dosage

(A) NONE____(B) Please describe _____

In case of Medical Emergency, the undersigned authorizes PEGASUS RIDING ACADEMY, INC. to provide such medical assistance as they determine to be necessary.

The undersigned (A) does____(B) does not____ authorize any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the volunteer, including anesthetic, which they determine necessary or advisable, pending receipt of a specific consent from the undersigned.

Should the Insurance Company deny payment, the responsible party is liable for payment of medical bills.

SIGNATURE _____ DATE _____
(Volunteer)

SIGNATURE _____ DATE _____
(Parent/Guardian if volunteer is under 18 years of age)



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VOLUNTEER WAIVER

KNOW ALL MEN BY THESE PRESENTS, That I _____
 (Volunteer or Guardian if under 18 years of age)
 individually or as Legal Guardians of _____, our
 (Name of volunteer)
 minor child, in consideration of Pegasus Riding Academy, Inc., (Hereafter referred to as "Pegasus"), providing
 Volunteer opportunities including horseback riding, to me (or our minor child named above), I do hereby remise,
 release and forever discharge Pegasus, the Board of Directors of Pegasus, the Parks and Recreation Department
 of the City of Philadelphia, and the City of Philadelphia from all manner of action and actions, cause and causes
 of action, and suits, in law and or equity which may arise in any manner whatsoever from said volunteer
 opportunities. I further promise not to institute any action at law or in equity against Pegasus, any of the
 individuals serving on the Board of Directors of Pegasus, Pegasus' employees, volunteers, the Parks and
 Recreation Department of the City of Philadelphia or the City of Philadelphia on account of any injury or other loss
 or damage that may be sustained by me or my child _____,
 as a consequence of said volunteer opportunities, including horseback riding.
 (Name of volunteer)

I understand that a volunteer position with the Pegasus Riding Academy, Inc. is an inherently dangerous activity that can result in serious bodily injury and/or death of the participants.

This waiver shall bind me and my (our) heirs and legal representatives.

I have read this waiver and understand all its terms. I am executing it voluntarily and with full knowledge that this waiver will act as a complete bar to any claim resulting from said volunteer opportunity.

Intending to be legally bound, I have hereunto set my hand on: _____, 20____.

SIGNATURE _____ DATE _____
(Volunteer)

SIGNATURE _____ DATE _____
(Parent/Guardian if volunteer is under 18 years of age)

Relationship to volunteer _____



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PHOTO RELEASE FORM

For Pegasus Therapeutic Riding Academy, Inc.

For Valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Pegasus Riding Academy, Inc., permission to take or have taken still and moving photographs and films including television pictures of our/my child, _____, and consents to

(Name of volunteer)

authorize the Pegasus Riding Academy, Inc., it's advertising agencies, news media, and any other persons interested in the Pegasus Riding Academy, Inc., 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, internet, 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 then the intention of the Pegasus Riding Academy, Inc., to use or cause to be used such photographs, films and pictures of Pegasus Riding Academy, Inc and its work.

SIGNATURE _____ DATE _____
(Volunteer)

SIGNATURE _____ DATE _____
(Parent/Guardian if volunteer is under 18 years of age)

Relationship to volunteer _____