



®

Licking/Knox Goodwill Industries, Inc.

## Contact Information Form

### Volunteer Information:

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

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Number: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Session Cancellations for Inclement Weather

Phone Number where we can reach you or leave a message during the day.

\_\_\_\_\_

Phone Number

**Complete & Return**

# EMERGENCY MEDICAL AUTHORIZATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ (h)

Phone: \_\_\_\_\_ (c)

IN THE EVENT THAT EMERGENCY MEDICAL TREATMENT IS NECESSARY, PLEASE CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Due to company policy, during a potential major health concern including, but not limited to, head injuries, medical personnel will be called to evaluate the situation.

MEDICATION:

Medicine Name	Dose	Schedule	Reason Prescribed

Check box & continue medicine on back if necessary

Known Allergies: \_\_\_\_\_

Medical Conditions: (Diabetes, Heart Disease, Epilepsy, Etc.)

\_\_\_\_\_

\_\_\_\_\_

Participant/Parent/Guardian Signature

Date

Form Completed By

Relationship

Policy 8.14, 14.11, 16.15  
Revised 11/98, 11/05, 5/06, 11/09, 11/14, 9/15

## Complete & Return



®

Licking/Knox Goodwill Industries, Inc.

## Liability Waiver

I hereby for myself, and for my child or ward if signed by a parent or guardian, waive any and all claims against Licking/Knox Goodwill Industries, Inc. and/or the Pony Express Riding Program, their agents, volunteers, or employees for any and all injuries or damages suffered in relation to equine activities. I acknowledge that equine activities involve certain inherent risks, including, but not limited to:

- a. The propensity of an equine to behave in ways that may result in injury, death or loss to persons on or around the equine;
- b. The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- c. Hazards, including, but not limited to, surface or subsurface conditions;
- d. A collision with another equine, another animal, a person or an object; and
- e. The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I further acknowledge that reasonable inquiry was made regarding my (or my child's or ward's if signed by a parent or guardian) experience with equines including the ability to safely engage in equine activities and to safely manage an equine.

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

\_\_\_\_\_  
Participant/Volunteer Signature (parent if a minor)

\_\_\_\_\_  
Participant's Printed Name

**Complete & Return**

**LICKING COUNTY EQUESTRIAN CENTER (“LCEC”)  
12450 Flint Ridge Road SE  
Newark, OH 43056  
740-349-4663 (HOOF)**

**WAIVER OF LIABILITY  
Pursuant to R.C. 2305.321**

I understand that equine activities are inherently dangerous and that there are obvious and non-obvious risks. “Inherent risk of an equine activity” means a danger or condition that is an integral part of an equine activity, including, but not limited to any of the following:

- (a) The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- (b) The unpredictability of an equine’s reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- (c) Hazards, including, but not limited to, surface or subsurface conditions;
- (d) A collision with another equine, another animal, a person, or an object;
- (e) The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death or loss to the person of the participant or to other persons, including, but not limited, failing to maintain control over an equine or failing to act within the ability of the participant.

In exchange for my participation in equine activities, I accept those risks. I release the LCEC, including, but not limited to owners, trainers, guests, and other Equine Activity Sponsors and Professionals from liability due to ordinary negligence. I shall bring no claims, demands, tort actions, civil actions or other causes of action and/or litigation, against LCEC or anyone associated with LCEC for any economic or non-economic losses due to bodily injury, death, or property damage sustained by me and/or my minor child or legal ward and/or my horse in relation to LCEC, its premises or operation, while riding, handling, observing, or otherwise participating in any equine activity. Further, I shall indemnify and hold LCEC harmless for any such actions filed by my minor child, my guest, or anyone under my control or at LCEC at my invitation.

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

\_\_\_\_\_  
Equine Activity Participant

Witness: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

**Complete & Return**