



Mail To:
Simple Changes
P.O. Box 991
Lorton, VA 22199

Volunteer Health History/Liability Release/Photo Consent

HEALTH HISTORY

Recent medical test: **Last Tetanus Shot:** _____

(Consult your physician or local health department if you are not up to date with these shots/tests)

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations, surgeries, or lifestyle changes.

Medications and Allergies: _____

LIABILITY RELEASE

Volunteer/Staff Name: _____ would like to take part in activities at Simple Changes, Inc. I acknowledge the risks and potential for risks of horseback riding and related activities. However, I feel that the possible benefits to me/ my son/ my daughter/ my ward/my guests are greater than the risk assumed. I hereby, intend to be legally bound for myself/ my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Simple Changes, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, Employees, Contributors, Horse Owners, and/or Simple Changes Farm, LLC, for any and all injuries and/or losses I/ my son/ my daughter/ my ward/my guests may sustain while participating in activities at Simple Changes, Inc.

Signature: _____ **Date:** _____
Staff/Volunteer (if over 18), Parent or Legal Guardian

Subsequent Year Initials: _____ Date: _____ Subsequent Year Initials: _____ Date: _____
Participant (if over 18), Parent or Legal Guardian Participant (if over 18), Parent or Legal Guardian

PHOTO RELEASE

I **DO** **DO NOT** consent to and authorize the use and reproduction by Simple Changes, Inc. of any and all photographs and any other audio/visual materials taken of me/ my son/ my daughter/ my ward/ my guests for promotional material, educational activities, exhibitions or for any other use for the benefit of Simple Changes, Inc., the Therapeutic Riding Association of Virginia, the Professional Association of Therapeutic Horsemanship International, and/or Simple Changes Farm, LLC.

Signature: _____ **Date:** _____
Participant (if over 18), Parent or Legal Guardian

Subsequent Year Initials: _____ Date: _____ Subsequent Year Initials: _____ Date: _____
Participant (if over 18), Parent or Legal Guardian Participant (if over 18), Parent or Legal Guardian