

# Three Gaits, Inc.

## Therapeutic Horsemanship Center

**STABLE:**  
3741 Hwy. 138 W  
Stoughton, WI 53589  
(608) 873-1929  
3gaits@3gaits.org

**MAILING ADDRESS:**  
P.O. Box 153  
Oregon, WI 53575  
(608) 877-9086  
<http://www.3gaits.org>



## YOUTH Volunteer Information Form

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

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

Phone: Home: \_\_\_\_\_ Cell, pager, other: \_\_\_\_\_

Which phone number is the best to reach you? \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year you started volunteering: \_\_\_\_\_

How did you learn about Three Gaits?: \_\_\_\_\_

Parent/Legal Guardian Name (& Address if different from Volunteer's) \_\_\_\_\_

Parent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell, pager, other: \_\_\_\_\_

### Volunteer Liability Release (MANDATORY)

In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes." As a volunteer at Three Gaits, Inc., I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the client I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Three Gaits, Inc., its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in Three Gaits, Inc.

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

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

Parent signature for volunteers under the age of 18

### Photo Release (MANDATORY)

I do  I do not

consent to and authorize the use and reproduction by Three Gaits, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

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

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

Parent signature for volunteers under the age of 18

**In Case of Emergency (MANDATORY)**

Please contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell/pager: \_\_\_\_\_

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

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

Hospital/HMO and location: \_\_\_\_\_

I give my consent to Three Gaits, Inc. to secure medical transportation and treatment, including x-ray, surgery, hospitalization, and medication.

I do not give my consent for emergency medication treatment/aid in the case of illness or injury while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place: \_\_\_\_\_

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

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

Parent signature for volunteers under the age of 18