



2023 Volunteer/Staff Annual Update Form

Great Plains Adaptive Riding Academy

PLEASE PRINT CLEARLY

Today's Date _____

Legal Name: _____ Gender Pronouns: _____

Email: _____ Cell: _____

Address: _____ Birthdate: _____

In Case of emergency notify: _____ Phone: _____

Physician: _____ Phone: _____

Preferred Medical Facility: _____

Medical Conditions Requiring Attention: _____

Medications/Dosage/Allergies: _____

Insurance Carrier: _____ Policy Number: _____

Consent: In the event of an emergency, I consent to have Great Plains call 911 as needed.

Signature of Volunteer or Parent/Guardian _____ Date _____

By signing below, you are formally renewing all previously provided information, agreements, releases, and consents unless otherwise specified above. This includes your photo release, confidentiality agreement, background information, liability release and medical treatment release. You are also confirming that you have reviewed and understood the volunteer training handbook available on the website.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____



Great Plains
Adaptive Riding Academy

VOLUNTEER BACKGROUND SCREENING

Great Plains Adaptive Riding Academy requires all volunteers age 18 and older to undergo a background screening conducted by Background Info USA. The screening cost is \$12.00, to be paid by each volunteer.

Once Great Plains Adaptive Riding Academy receives your signed Volunteer Application, Great Plains will provide the volunteer's name and email address to Background Info USA. They will then email the volunteer directly to collect the information and consent for the background screening. Please respond to this email quickly so Great Plains can receive the screening results and you can begin your volunteering session. **The form must be completed on a computer, not a tablet or phone.**

The screening includes a National Criminal Search and National Sex Offender Search.

The results of the screening will be reported to the Great Plains Board of Directors.

- I consent to have a background screening performed and the results reported to Great Plains Adaptive Riding Academy.**
- I DO NOT consent to have a background screening performed and the results reported to Great Plains Adaptive Riding Academy and I understand this disqualifies me from volunteering.**
- I am under 18 years of age.**

Signature (Parent/Guardian if under 18) _____

Date _____

Volunteer Name _____

Email address for Background Info USA to send form _____



Great Plains Adaptive Riding Academy
13400 Donahoo Road
Kansas City, KS 66109

Assumption of Risk of Domestic Animal Activity Warning

Name of Participant _____

Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4004. You are assuming the risk of participating in this domestic activity.

Inherent risks of domestic animal activities include, but shall not be limited to:

1. The propensity of a domestic animal to behave in ways, i.e., running, bucking, biting, kicking, shying, rearing, falling or stepping on, that may result in an injury, harm or death to a person on or around them;
2. The unpredictability of a domestic animal's reaction to such things such as sounds, sudden movement and unfamiliar objects, persons or other animals;
3. Certain hazards such as surface and subsurface conditions;
4. Collisions with other domestic animals or objections; and
5. The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the domestic animal or not acting within such participant's ability.
6. "Participant" means any person who engages in a domestic animal activity.

I acknowledge the potential for risk of horseback riding and working with horses. However, I feel that the possible benefits for myself, son, daughter, and/or ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself legally heirs and their assigns, executors or administrators, waive and forever release all claims for damages or otherwise against Great Plains Adaptive Riding Academy, its Board of Directors, Officers, Instructors, Therapists, Aides, Volunteers and or employees, any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating at Great Plains Adaptive Riding Academy.

Yes, I would like the above person named to participate in an equestrian program at Great Plains Adaptive Riding Academy. All activities will be under supervision, and reasonable effort will be made to avoid any accident, Great Plains Adaptive Riding Academy will have no Liability in the event an accident may occur.

Signature _____ Date: _____
Rider, Volunteer, Parent/Guardian/Staff