



San Juan Riding Program

Eagle Hill Ranch
P.O. Box 2021
Ridgway, CO., 81432
970-626-3018

info@sanjuanridingprogram.com
www.sanjuanridingprogram.com



Dear Volunteer 2008,

Thank you so much for your interest in volunteering for the San Juan Riding Program this summer. Here is a brief overview of the program and how you can contribute to the lives of some very special people.

The San Juan Riding Program (SJRP) is a 501-c-3 non-profit organization. Committed to improving the lives of people with physical, mental and cognitive disabilities. Through equine facilitated therapy. We provide a safe and accepting environment. For our students to be both, mentally and physically involved, in their own healing process.

While maintaining balance on a horse in motion riders stretch and strengthen muscle groups they would use in walking, sitting and reaching on their own. In addition to enhancing a disabled person's balance, posture, mobility and coordination. Therapeutic riding lessons promote mental function, socialization and self-confidence. After all, treatment seems most effective when everyone is having fun!

Based in Ridgway, this therapeutic horseback riding program serves disabled people from Montrose, Ouray and San Miguel counties. The program operates from the Eagle Hill Equestrian Center.

New this year! We will be providing the same services one day a week in Norwood. The day that is scheduled for clients from the west end of San Miguel County will be Wednesdays.

SJRP operates under the strict standards of the North American Riding for the Handicapped Association (NARHA). NARHA's standards for it's riding programs. Provide a basis for maintaining a safe adaptive riding environment.

Without our volunteers this program would not be possible. Volunteers aid the riders in mounting horses and provide support during the riding activities. We certainly welcome previous equine experience, but it is not necessary. SJRP trains volunteers to groom and tack horses, lead horses, and walk alongside riders, helping to support and stabilize them. Furthermore, volunteers give moral support and encouragement to a student which makes the experience rewarding for everyone involved in the program.

The 2007 summer program will run from May 19 –September 10, Monday thru Saturday and include small group and individual riding lessons. For more specific information please contact our Executive Director, Olga Spanhoff at (970) 626-3018, (970) 318-1417 or email the program at info@sanjuanridingprogram.com. You can also visit us on the web at www.sanjuanridingprogram.com.

- Ridgway Orientation will be held at the Ridgway Library
Monday, May 5th. 5:30PM-6:30PM
- Telluride Orientation will be held at the Telluride Library, in the upstairs meeting Room
Tuesday, May 6th. 5:30PM-6:30PM
- Norwood Orientation will be held at the Norwood Library
Wednesday, May 7th. 5:30PM-6:30PM

On-Site training at Eagle Hill Ranch.

1. Horse Handling, Tack & Site Orientation, Side Walking, Mounting/dismounting, Emergency procedures & Site Orientation:

Saturday, May 17th. 10:00AM - 2:30PM

Continuing Education will be offered with a minimum of three people signed up. Give us topics that you would like more information on and we will try to offer more in depth information. Topics will be posted on site the previous week. Check the Bulletin Board, Web Site, or call.

If you have a conflict, please do not hesitate to call us
At (970) 318-1417

The San Juan Riding Program is looking forward to introduce you to our operation and have you become a team member of our program.

Which Day or Days would you like to help? : _____

How would you like to help? _____

Dates that you will not be able to help? : _____

Sincerely,

Olga Spanhoff
Executive Director
San Juan Riding Program



San Juan Riding Program

Eagle Hill Ranch
P.O. Box 2021
Ridgway, CO 81432
970-626-3018

info@sanjuanridingprogram.com
www.sanjuanridingprogram.com



Volunteer Opportunities

Lesson Volunteer

Lesson Volunteers work directly with Instructors to provide assistance prior to and during lessons.

Horse Leaders:

You are in charge of the Horse's safe behavior

Tasks would include:

- Fetching, grooming and tacking the horses
- Leading the horse during the lesson
- Un-tacking and putting the horse away after the lesson

Side Walkers:

You are in charge of the Student's safety!

Tasks would include:

- Greeting the student at arrival
- Fitting the student with a helmet
- Side walking during the lesson
- Staying with the student after the lesson until pickup

For safety reasons minimum age is 14!

For our seasoned volunteers we are training job leaders this year to help us train other volunteers and assist with essential tasks on a lesson day.

- **Tack Captain:** Assist in putting together tack items per horse and lesson according to tack cards to help our Horse Handlers get the horses ready.
- **Arena Captain:** In charge of setting up arena props according to black board and maintenance.
- **Horse care:** In charge of feeding horses according to feed schedule

Help us with our Fund Raising!

We are organizing a few fund raising events this year, so we could use some help with:

- Dine under the Stars July
- Silent Auction
- Finding riders to pledge for Elks' Charity ride
- Taking pictures
- 4th of July events
- Mardi Gras 2007
- Come up with other ways to raise funds

Maintenance Volunteer

We are starting our program setup May/June and we could use some help with:

- Moving our paddock panels to setup a round-pen
- Dragging the arena & pastures
- Shade Canopy Setup
- Installing our horse-water system
- Building teaching Props
- Ramp maintenance
- Tack Cleaning
- Equipment repair

***IF YOU ARE INTERESTED IN DOING A NEWSLETTER FOR US, WE
WOULD LOVE TO TALK TO YOU!***



San Juan Riding Program

Eagle Hill Ranch
P.O. Box 2021
Ridgway, CO., 81432
970-626-3018

info@sanjuanridingprogram.com
www.sanjuanridingprogram.com



North American Riding
for the Handicapped
Association

Volunteer Registration and Releases

Registration

Volunteer: _____ Date of Birth*: _____

*must be at least 14 years of age

Street: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

E-mail: _____ Company / Affiliation: _____

Parent/Guardian/Caregiver: _____

Address/ Phone: _____

Pervious Experience (horse-related, therapy, volunteer, etc)

How did you learn about our center? _____

Health History:

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

Allergies: _____

Medications: _____

I understand that this information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program

Signature: _____

Date: _____

Name and phone of others you know who might volunteer: _____

Check areas of interest:

leader

Board member

Sidewalking with a Rider

Video / Photography

Barn Helper

Fund Raising / Grant Writing

Special Events

Office / Administration

Newsletter / Public Relations

other _____

WARNING

Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

Initial _____.

Release / indemnity (required for participation)

Photo and video release

I hereby consent to and authorize the use and reproduction by SJRP of any and all photographs and any and all other audio and /or visual materials taken of me/my son/daughter/ward for promotional material, educational activities, or for any other use for the benefit of the program. I release SJRP, their Board of Directors, management, members, agents, employees, volunteers, therapist, aids and affiliated organizations from any and all liability in this connection and from any claim for financial benefit or compensation for such use.

Yes

Restrictions (check only if applicable)

Permission to use name is not granted.

No

Face may not be identified in any photograph.

Date: _____

Signature : _____ (must be 18 or parent or guardian)



San Juan Riding Program

Eagle Hill Ranch
P.O. Box 2021
Ridgway, CO., 81432
970-626-3018

info@sanjuanridingprogram.com
www.sanjuanridingprogram.com



RELEASE ASSUMPTION OF RISK HOLD HARMLESS AGREEMENT

(Complete annually)

Please Print:

Name: _____ Phone: _____

Street: _____

City, State, ZIP: _____

Responsible Adult (if underage client) _____

Relationship _____

Street: _____

City, State, ZIP: _____

COLORADO EQUINE ACTIVITY LIABILITY ACT WARNING

Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

IN CONSIDERATION of the agreement of San Juan Riding Program to allow the undersigned, and/or any participant for whom I sign below, any of the following consideration: instruction, training, therapy, access to or use of the property, access to or use of horses, boarding facilities, or other facilities, or participation in or being around horses, (whether any such access or participation is voluntary or in exchange for any further consideration), **I HEREBY AGREE TO ALL OF THE FOLLOWING:**

ACKNOWLEDGMENT – ASSUMPTION OF RISK:

I understand and I acknowledge that participation in outdoor activities of any kind; taking part in or observing any horse activities or activities involving any other animal; getting on, riding or simply being in horse activities of any kind, exposes a person or animal to dangerous risks of serious injury or death, and loss of property.

Initial _____

I assume for myself individually, as a participant, as parent guardian, or responsible person for any minor child or ward for whom I sign below, any and all risks of such activities, whether known or unknown, inherent and non-inherent, foreseeable and non-foreseeable and including the risks of negligence of any person or entity.

WAIVER AND RELEASE

I, for myself individually, as a participant, or as a parent, guardian for any minor child or ward for whom I sign below, **release, waive and discharge** San Juan Riding Program, anyone acting on its behalf, its agents, owners, operators, employees, officers, directors, visitors, volunteers, owners and lessees of any horses and the insurers of all such persons or entities **of and from all claims, demands, causes of action and legal liability of any kind, now existing or which may hereafter accrue.**

INDEMNIFICATION AND HOLD HARMLESS

I agree to indemnify and hold harmless (defend and reimburse) each person and entity included as a Release for the costs of defense, attorneys fees incurred, and any judgment or settlement, resulting from any and all claims, including claims of negligence, brought by any person or entity for any injury, damage or death to myself or to any participant for whom I sign below, or for any injury, damage or death to any horse or property I own, for which I have responsibility.

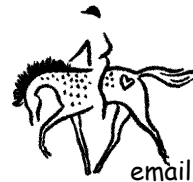
I AGREE that this **RELEASE/ASSUMPTION OF RISK/HOLD HARMLESS AGREEMENT** shall be interpreted in accordance with and governed in all respects by the laws of the State of Colorado, and shall be given full faith and credit in all other jurisdictions.

My signature on this document indicates that I have read the entire document, understand it and agree to be bound by its terms and conditions. This agreement shall be legally binding upon me, my heirs, my estate, my assigns, legal guardians and personal representatives, and on any participant for whom I sign below.

Date: _____ Signature: _____

Date: _____ Signature: _____

(parent, guardian, or responsible adult)



San Juan Riding Program

Eagle Hill Ranch

P.O. Box 2021

Ridgway, CO., 81432

Phone: 970-626-3018

email: info@sanjuanridingprogram.com

Website: www.sanjuanridingprogram.com

Confidentiality Policy Acknowledgement

San Juan Riding Program's (SJRP) policy is to ensure that the operations, activities, and business affairs of SJRP and its clients are kept confidential to the greatest possible extent. SJRP recognizes the right of riders and their families for privacy and control over any information about them that might be personal or sensitive. In order to respect that right, SJRP has adopted this policy regarding confidentiality. If during their association with SJRP, individuals acquire confidential or proprietary information about SJRP and its participants and volunteers, such information is to be handled in strict confidence and not to be discussed with persons not connected with SJRP activities.

Those bound by the directives of this policy are all persons in any way connected with SJRP, including but not limited to: employees, volunteers (including Board Members), temporary employees, and independent contractors. Any individuals violating this policy will be subject to disciplinary action, including reprimand, alteration of job responsibilities, and termination of employment or volunteer responsibilities.

Information considered to be confidential includes all medical, social, referral, personal, and financial concerns regarding a participant or volunteer and his/her family. Such information is confidential regardless of how it is obtained.

All employees and volunteers must sign a written confidentiality policy.

I, (*Print Name*) _____, acknowledge that I have read the above policy and agree to abide by its terms and intentions.

Date: _____ Signature: _____
Participant, Parent/Guardian/Caretaker (Must be 18 or over.)



San Juan Riding Program

Eagle Hill Ranch
P.O. Box 2021
Ridgway, CO., 81432
970-626-3018

info@sanjuanridingprogram.com
www.sanjuanridingprogram.com



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____
Address: _____
Physician's Name: _____ Medical Facility: _____
Health Insurance Company: _____ Policy #: _____
Allergies to medications: _____
Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize **San Juan Riding Program** to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff

Print Name and relationship: _____

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the premises of the **San Juan Riding Program**. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff