

Freedom Farm
 11500 Ferman Avenue SW
 Waverly, MN 55390
 952-955-2505
info@freedomfarmmn.org

www.freedomfarmMN.org

2024 Volunteer Information Form and Health History (pg 1 of 3)

Name: _____ DOB: _____

Mailing Address: _____ City _____, MN ZIP _____

E-mail _____ please add info@freedomfarmmn.org to your safe list.

Phone: (Home) _____ (Cell) _____ Texting? Yes No

Employer: _____ Work Phone _____ T-shirt size _____

Health History

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

Recent medical tests: Last Tetanus Shot: _____ (not required)

Physician's Name & Clinic: _____ Preferred Hospital: _____

Health Insurance Company: _____ Policy #: _____

Current medications: _____

Allergies (include medications): _____

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 Freedom Farm 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.

**** PLEASE CHOOSE ONE ****

Consent Plan

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) below is unable to be reached.

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 property of the agency. In the event emergency treatment/aid is required, **I wish the following procedures to take place:**

In the event of an emergency, contact:

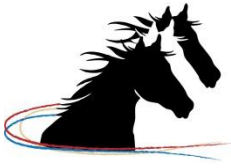
Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

The 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:** _____

Office Use Only: SF Email Call List Text BG



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2024 Freedom Farm Volunteer Agreement Form (pg 2 of 3)

Name _____

How did you hear of Freedom Farm? _____

**** new** PHOTO POLICY: PHOTOS** taken at Freedom Farm of rider/volunteers, other than of YOU, may not be posted to Facebook or other social media sites. Please respect the privacy of all participants and volunteers. Thank you!

1. Photo Release

I DO DO NOT consent to and authorize the use and reproduction by Freedom Farm 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 center (including 0 website, Freedom Farm Facebook & newspapers).

Signature: _____ **Date:** _____

2. Confidentiality Agreement

I understand that all information (written and verbal) about participants at this PATH center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ **Date:** _____

Volunteer Availability:

Please tell us the session, days and time periods you are available to volunteer on a weekly basis.

Sessions:

Spring (April-May) **Summer A** (June-July) **Summer B** (July-August) **Fall** (September-October)

Days:

Monday **Tuesday** **Wednesday** **Thursday**

Times:

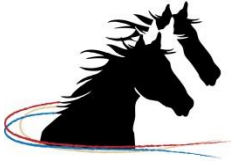
Morning (9-11 am) **Afternoon** (4-7 pm)

____ **Yes – I can be an 'on-call' volunteer!** This means Freedom Farm may contact you to volunteer in times of need.

I am interested in helping with:

____ **Riding Celebration** _____ **Derby Day** _____ **Photography**

____ **Special Group Day Events**



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2024 Freedom Farm Volunteer Release and Agreement (pg3 of 3)

1. I, _____, the undersigned or my minor child, (herein called Releasor), in consideration of being permitted to use the facilities and services of Bjorklund Training Stable/Freedom Farm for himself/herself, spouse, my minor child, legal representatives, heirs and assigns, HEREBY RELEASES, WAIVES AND DISCHARGES BJORKLUND TRAINING STABLE/FREEDOM FARM, (HEREIN CALLED RELEASEE) THE OWNERS AND LESSEES OF BJORKLUND TRAINING STABLE/FREEDOM FARM INCLUDING TOM BJORKLUND AND SUSAN BJORKLUND THEIR AGENTS, EMPLOYEES AND VOLUNTEERS, FROM ALL LIABILITY TO THE RELEASOR, THEIR SPOUSE, LEGAL REPRESENTATIVES, HEIRS AND ASSIGNS, FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DAMAGES RESULTING THEREFROM ON ACCOUNT OF INJURY TO RELEASOR'S PERSON, EVEN INJURY RESULTING IN DEATH OF THE RELEASOR, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASOR OR OTHERWISE WHILE THE RELEASOR IS RIDING, WORKING, OR FOR ANY PURPOSE USING THE FACILITIES, EQUIPMENT OR SERVICES OF BJORKLUND TRAINING STABLE/FREEDOM FARM.

2. I agree to indemnify Bjorklund Training Stable/Freedom Farm, Tom Bjorklund, Susan Bjorklund and each of them from any loss, damage or cost they may incur due to the participation or use of the facilities, equipment and services of Releasee due to the presence of myself or my minor child in or upon the property owned, located at or controlled by Bjorklund Training Stable/Freedom Farm whether caused by the negligence of the Releasees or otherwise.

3. I fully understand any involvement with horses involves some risk of harm or injury to myself, my minor child, my horses or my other property and that risk of damage or injury is a normal incident of involvement with horse-related activities and I hereby agree that risk is borne by me and/or my minor child and not by Bjorklund Training Stable/Freedom Farm, Tom Bjorklund or Susan Bjorklund, or their officers, members, agents, employees or volunteers.

THIS RELEASE CONTAINS THE ENTIRE AGREEMENT BETWEEN THE PARTIES HERETO AND THE TERMS OF THIS RELEASE ARE CONTRACTUAL AND NOT A MERE RECITAL.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND SIGNED THIS RELEASE AS MY OWN FREE ACT.

Releasor _____ Date _____

Minor aged volunteer (under 18) _____