

Annual Update Form

The Pegasus Project Foundation
5808 A Summitview Ave #324
Yakima WA 98908
509-965-6990

Michelle Chalfant
Volunteer Coordinator
509-969-3310
gchalfant2002@charter.net

Volunteer Name _____ Date _____
Email Address: _____

Change of address or phone #'s? If yes please include all new info on back of sheet.

I agree to annual background check Yes/ No

Signature _____ **Date** _____

Birth date month/day/year _____

Volunteer Liability Release

As a volunteer at Pegasus Project I acknowledge the risks and potential for risks of a horseback riding program. I further have reviewed and acknowledge the WA State Equine Liability Law. However, I feel that the possible benefits to my self and the clients. I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, waive and release forever all claims for damages against the Pegasus Project, Tumbleweed Ranch, it's board of directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in the Pegasus Project program.

Date: _____ **Signature:** _____

To be signed and dated by Parent or guardian if under 18 yrs. old

Photo Release

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

Date: _____ Signature: _____

If under 18 must be signed by Parent or guardian

Emergency Medical Release

Emergency contact: _____ Phone #: _____

Physicians Name: _____ Phone #: _____

Address: _____

Health Care Insurance: _____ Policy #: _____

Preferred Medical facility: _____

In the event of a medical emergency, I authorize the Pegasus Project therapeutic Riding center and or its designated agents to authorize such medical assistance as it deems necessary. I further authorize any licensed physician and or medical surgical and or hospitalization for the participant deemed necessary or advisable until I am available or able to provide more specific authorization.

So authorized? Y N

Signature _____ **Date** _____

I have read and agree to rights, responsibilities' and volunteer conduct pledge Yes / No

Signature _____ **Date** _____

I have read and agree with Volunteer Dismissal policies Yes / No

Signature _____ **Date** _____

I have read and agree with the confidentiality policies Yes / No

Signature _____ **Date** _____