

ACCESS ADVENTURE, INC.
3521 Grizzly Island Rd., Suisun City, CA 94585

VOLUNTEER INFORMATION AND HEALTH HISTORY

General Information:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Phone(H) _____ (C) _____ (W) _____

Email address (please print: _____

Employer/School: _____

(Minor) Parent/Legal guardian: _____

Address: _____

City _____ State: _____ Zip: _____

Health History: Please describe your current health status, particularly regarding the physical and emotional demands of working in horse-related activities. Address fitness, cardiac, respiratory, bone or joint function, and/or recent hospitalizations/surgeries: Continue on reverse side if necessary.

Allergies:

Medications: Do you carry your medication at all times? _____ In an emergency if another person has to get it for you, where will it be?

Medical Insurance: I/WE AGREE THAT should medical treatment be required, I and/or my medical insurance shall pay for ALL such incurred expenses.

I hereby consent to and authorize the use, in print or electronic format, any and all photographs of me, or my child:
___ Yes ___ No

Signature: _____

Date: _____

Print Name: _____

Parent/Guardian Signature for Minor: _____

Date: _____

Print Name: _____