

**Swan Center Outreach – Saddle Club Program Application** 73009

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Birth Date \_\_\_\_\_ [ ] Adult applicant [ ] Parent filling out for minor child

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Emergency contact (list parent if under 18): \_\_\_\_\_

Relationship: \_\_\_\_\_

Present address (Number, Street, City, State, Zip-If P.O. Box, also list physical address)

\_\_\_\_\_  
\_\_\_\_\_

The following information is for safety and emergency reasons only, and will be kept strictly confidential:

Medical Conditions [ ] Yes [ ] No

Medications [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Allergies [ ] Yes [ ] No

Physical Impairments/Limitations [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Do you have any concerns, fears, or special needs, or limitations that you would like us to know about?

**TUITION ARRANGEMENT**

[ ] I have enclosed payment in full - \$1200

[ ] I am applying for a monthly payment plan of \$100 per month. My first payment is enclosed.

[ ] I have applied and have been accepted into the Work Exchange Program.

[ ] My child has applied and has been accepted into the Work Exchange Program.

[ ] My child's sponsor has applied and has been accepted into the Work Exchange Program.

[ ] I have applied for and have received a scholarship.

**VOLUNTEER HOUR REQUIREMENTS**

- Adult applicant - I agree to fulfill the 9 volunteer hours per month.**
- Parent/guardian of minor applicant – I agree to contribute 9 volunteer hours per month (parents/ guardians can fulfill these hours, either jointly or individually).**
- Parent/guardian of minor applicant – I have applied for and have acquired an approved sponsor who will contribute 9 volunteer hours per month.**

**Sponsors name:** \_\_\_\_\_

**Sponsors home phone:** \_\_\_\_\_ **cell:** \_\_\_\_\_

**Sponsors E-mail:** \_\_\_\_\_

**Please outline days/hours that the volunteer hours will take place:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FUNDRAISER REQUIREMENTS**

- Adult applicant - I agree to participate in a fundraiser event for Swan Center Outreach.**
- Parent/guardian of minor applicant – I agree to participate in a fundraiser event for Swan Center Outreach, with my child.**
- Parent/guardian of minor applicant – The above listed sponsor will participate in a fundraiser event for Swan Center Outreach, with my child.**

**I understand that the tuition payment of \$1200, is non-refundable, even if I (or my child, if applying for a minor) does not complete the one year program.**

**I also understand that any tuition payment plan that I have instituted, is due in full, even if I (or my child, if applying for a minor) does not complete the program.**

**Signature**

**Date**

**Parent Signature & Agreement for minor to be in program.**

**Date**

*Swan Center Outreach*

P.O. Box 25749 • Silverthorne, Co. 80497

Phone: 970-468-0924 • Fax: 678-623-3468 • Web: [www.swancenter.org](http://www.swancenter.org) • E-mail: [info@swancenter.org](mailto:info@swancenter.org)

Please answer the following questions, and include with your application.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**What interested you in joining this program?**

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**How do you hope you will benefit from this program?**

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**What excites you the most when you imagine yourself being in the program?**

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**What do you feel your greatest contribution will be to this program?**

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**Liability Agreement – Swan Center Outreach Inc. 7.30.09**

Date of Event \_\_\_\_\_ [ ] For Today Only [ ] For Today and Ongoing dates

Name of Visitor \_\_\_\_\_ Age \_\_\_\_\_ (if under 18)

*If you are under the age of 18 – list information of parent/guardian. If 18 or over, list personal information.*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

*This is a legal document affecting your right to claim damages for injury to yourself.*

**Warning** Under Colorado law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant to Section – 13-21-119, Colorado revised statute.

To induce Swan Center Outreach Inc., their agents, servants, employees, to allow the use of the facilities, horses and other farm animals of Swan Center Outreach Inc., and in consideration of the same, I, by signing this agreement, agree to hold harmless, discharge and indemnify Swan Center Outreach Inc. and owner of any property leased by Swan Center Outreach Inc. from any liability, damages, costs or loss to myself, as a result of participating in any activities of Swan Center Outreach Inc., and whether any such liability, damage, cost or loss shall be due to act, omission, or negligence, I do hereby waive and renounce and agree to indemnify and hold harmless Swan Center Outreach Inc., Rose and John Longhill, and any of its agents, servants, employees, volunteers, landlord or instructors from any right, claim or cause of action which I may have for injuries or damages sustained while engaged in any activity with said program caused by such agent, servant, employee, volunteer or instructor or other program participant.

**In plain language, I agree not to sue Swan Center Outreach Inc. or anyone associated with it for injuries that I may sustain while attending any program activities. Because, even with the best of precautions, I am aware that during visits or participation in courses or any activities sponsored by Swan Center Outreach Inc. certain dangers may occur including but not limited to, interaction with horses and other animals during their care, and work related activities.**

I CONSENT, AND GIVE PERMISSION TO Swan Center Outreach Inc. and its agents to photograph myself, my child, or children, in connection with Swan Center Outreach Inc. activities. I understand that any such photographs, & all rights associated with them, will belong solely and exclusively to the Swan Center Outreach Inc., which shall have the absolute right to copyright, duplicate, reproduce, alter, display, distribute, and/or publish them in any manner, for any purpose, and in any form including, but not limited to, print, electronic, video, and/or Internet. I voluntarily waive any and all rights with respect to any such photographs, including compensation, copyright, and privacy rights and any right to inspect or approve such photographs and/or copy, print or other materials that may be used in connection with them. I hereby release and discharge, and agree to hold harmless, Swan Center Outreach Inc., its officers, agents and employees, and all persons acting under its permission or authority, from any claims and liability in connection with such photographs and/or their use.

I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS CONSENT, WAIVER, AND RELEASE FORM, AND I SIGN IT FREELY AND VOLUNTARILY.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature (if under 18 years of age)

\_\_\_\_\_  
Date

**Swan Center Outreach**

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