

# FLYING FREE EQUITHERAPY



"Horses Give Us Wings"

## VOLUNTEER PACKET

## **Flying Free Equitherapy**

is a non-profit organization whose purpose is to help children and adults with physical, emotional, or cognitive disabilities to achieve self assurance, strength, a willingness to learn life skills, an increased ability to communicate and improved overall health, through the use of Equine Assisted Therapy.

**Flying Free is a member center of the North American Riding for the Handicapped Association (NARHA).**

### **CHAIRMAN OF THE BOARD**

#### **DIRECTOR OF EDUCATION:**

Donna Lindsley, M.Ed.  
(281) 992-1130

### **EXECUTIVE DIRECTOR and**

#### **HEAD INSTRUCTOR:**

Sheri Lee Holmes N.A.R.H.A.  
Certified Instructor  
(832) 385-1131

### **THERAPEUTIC RIDING**

#### **INSTRUCTOR:**

Jamie Thibodeaux  
N.A.R.H.A. Certified Instructor  
(409) 939-9334

### **SECRETARY and**

#### **VOLUNTEER COORDINATOR:**

Jan Neeley, R.N. B.S.N  
R.N.C.  
(832) 483-9341

### **MAINTENANCE and**

#### **INSTRUCTOR IN TRAINING:**

Myron Holmes, B.S.E.E.T.  
(832) 385-1296

### **E.M.T./INSTRUCTOR IN TRAINING:**

Brian Singleton  
(832) 428-2370

## **FLYING FREE EQUITHERAPY**



**“Horses Give Us Wings”**

7317 Ave P Santa Fe, TX 77510 \* Phone/Fax: (409) 925-1942 \* [admin@flyingfree.org](mailto:admin@flyingfree.org) \* [www.flyingfree.org](http://www.flyingfree.org)

Thank you, for your interest in Flying Free. We are so thrilled to have you become a part of our riding center. You will find therapeutic riding an incredibly rewarding experience for all. Enclosed is the FFE volunteer application packet. All volunteers must complete this packet when they enroll.

We require that all paperwork be completed and submitted with a \$25 annual membership fee before you can begin to volunteer in the program. Volunteers are considered non-voting members of Flying Free. The fee will help defer the cost of a t-shirt, your volunteer manual, and mailings.. After your forms have been received, you will be scheduled for a volunteer training program. This program will teach you the basics of working in sessions, safety rules and a brief introduction to therapeutic riding. You will also be given an orientation to the facility, meet the horses and participate in a mock session.

Please note: there is generally no riding of the horses by volunteers. Flying Free offers to its volunteers discounted riding lessons through Sherlock Farms. If a volunteer feels they have sufficient experience with horses to be able to help exercise and train our therapy horses, they must first pass a series of riding and written tests and be evaluated by our trainer.

Volunteers are welcome seven days a week starting at 8 a.m. There is always an incredible amount of work to do on the farm. Flying Free teaches sessions Tuesday – Saturday 9 a.m. until 6 p.m. The last session will begin at 6 p.m.

Please return the following:

- Volunteer registration
- Rules and Regulations
- Liability Release
- Authorization for Emergency Medical Treatment Form
- Health history
- Volunteer interest form and time sheet
- \$25.00 membership fee
- Confidentiality agreement
- Consent to photograph form

Thank you for your interest and support.

Sincerely,

Sheri Lee Holmes  
Executive Director  
Flying Free Equitherapy

FLYING FREE EQUITHERAPY



"Horses Give Us Wings"

VOLUNTEER REGISTRATION

Date: \_\_\_\_\_

**I. PERSONAL INFORMATION**

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Drivers License: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Social Security No.(optional) \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Affiliation (school, group, organization): \_\_\_\_\_

**II. INTERESTS**

Why do you wish to volunteer for this program?

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

List your special talents (artistic, sign language, computer skills, photography, carpentry, etc.):

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

Your general background (schooling, work experience, etc.):

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How did you find out about Flying Free Equitherapy (check all that apply)?

Radio    TV    Newspaper    School

Group / Organization (please specify):

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Friend(s) (please name) :

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Other (please specify):

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**III. SPECIAL EXPERIENCE**

Have you had any experience working with persons who are physically, visually, auditorally or emotionally challenged? \_\_\_\_\_

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Please list specific training and/or degrees:

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Have you had any previous experience with horses (please describe) :

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

First Aid or CPR Certifications (check all that apply) ?    First Aid    CPR    Expiration Date:

\_\_\_\_\_

Would you be interested in periodic educational and idea-sharing meetings? Yes    No

Subjects? \_\_\_\_\_

Date/Time Preferred: \_\_\_\_\_

**IV. VOLUNTEER OPPORTUNITIES**

- |                              |                         |                        |
|------------------------------|-------------------------|------------------------|
| Tack Cleaning and Repair     | Fundraising             | Horse Shows            |
| Barn and Ground Maintenance  | Telephoning/ Mailings   | Side Walkers           |
| Public Relations / Marketing | *Working with Horses    | Leaders (during class) |
| Special Events Committee     | Special Events Planning | **Instructing          |

\*    Must have previous experience with horses or be willing to take class to learn

\*\*    Must have previous experience instructing and be willing to work towards NARHA certification

**V. REFERENCES**

|       |               |           |           |
|-------|---------------|-----------|-----------|
| Name: | Relationship: | Day Phone | Eve Phone |
| _____ | _____         | _____     | _____     |

|       |               |           |           |
|-------|---------------|-----------|-----------|
| Name: | Relationship: | Day Phone | Eve Phone |
| _____ | _____         | _____     | _____     |

|       |               |           |           |
|-------|---------------|-----------|-----------|
| Name: | Relationship: | Day Phone | Eve Phone |
| _____ | _____         | _____     | _____     |

**VI. STATEMENT OF UNDERSTANDING, AUTHORIZING, RELEASE AND INDEMNITY**

I, \_\_\_\_\_, (herein referred to as Volunteer), am over 18 years of age and fully competent to make this Statement of Understanding, Authorizing and Release and Indemnity, (herein referred to as Statement), which I have read and understand. I understand the information I have provided may be verified and permit Flying Free Equitherapy to inquire of others concerning my suitability as a volunteer. In the course of volunteering, I may deal with confidential information and agree to keep said information in the strictest confidence. The relationship between Flying Free Equitherapy and me is an at will arrangement and may be terminated at any time, without cause, by either Flying Free Equitherapy or me. I understand that, as a volunteer, I will assist in riding instruction of mentally and/or physically challenged riders and that I will work with and around horses, as well as riders. I understand that I cannot serve as a volunteer until this Statement had been signed.

In return for the opportunity to serve as a volunteer, I hereby forever release, acquit and discharge Flying Free Equitherapy and its officers, directors, trustees, agents, representatives, affiliates, successors and assigns (collectively the Released and Indemnified Parties) from any and all claims, demands and causes of action of any of the Released and Indemnified Parties, which I may now or in the future have against any or all of the Released and Indemnified Parties and that arise in whole or in part as a result of my involvement with Flying Free Equitherapy. I also understand and agree that Flying Free Equitherapy assumes no liability for accidents or acts of negligence or gross negligence by anyone, including the Released and Indemnified Parties

I further agree to fully indemnify and defend any of the Released and Indemnified Parties against any and all claims, demands or causes of action of any and every kind or nature (including attorneys fees and other defense costs), including those caused in whole or in part by the negligence of any or all of the Released and Indemnified Parties, which directly or indirectly relate to personal injuries or property damages sustained by me and that arise in whole or in part as a result of my involvement with Flying Free Equitherapy. If any provision of the Statement is determined to be unenforceable, all other provisions shall remain in full force and effect.

SIGNED : \_\_\_\_\_ DATE : \_\_\_\_\_  
Volunteer

I represent to Flying Free Equitherapy that I am the parent or guardian of the Volunteer whose signature appears above. On behalf of that Volunteer, I agree and accept all of the provisions of the foregoing Statement of Understanding, Authorizing and Release and Indemnity. I am authorized to sign this Statement on the behalf of the Volunteer and my doing so legally binds the Volunteer as if he/she were not a minor.

SIGNED : \_\_\_\_\_ DATE : \_\_\_\_\_  
Volunteer's Parent or Guardian (Necessary if Volunteer is under 18 years of age)

**FLYING FREE EQUITHERAPY**



**“Horses Give Us Wings”**

**VOLUNTEER/STAFF INFORMATION FORM AND HEALTH HISTORY**

**Name:** \_\_\_\_\_

When was your last tetanus shot? \_\_\_\_\_ (it is recommended that persons working around horses have a tetanus shot every 5 years)

**Health History**

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations, surgeries, or lifestyle changes.

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Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

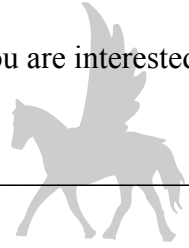
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**The information provided above is accurate to the best of my knowledge. I know no reason why I should not participate in this center’s program.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please sign your name and check which areas you are interested in and what days.



NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

BEAUTIFICATION \_\_\_\_\_ COMMITTEE \_\_\_\_\_

FUNDRAISING \_\_\_\_\_ COMMITTEE \_\_\_\_\_

BUILDING PROJECTS \_\_\_\_\_ COMMITTEE \_\_\_\_\_

PUBLIC RELATIONS \_\_\_\_\_ COMMITTEE \_\_\_\_\_

NEWSLETTER \_\_\_\_\_ COMMITTEE \_\_\_\_\_

CLERICAL \_\_\_\_\_

SIDE-WALKING \_\_\_\_\_

LEADING \_\_\_\_\_

STABLE MANAGEMENT \_\_\_\_\_

FARM MANAGEMENT \_\_\_\_\_

INSTRUCTING \_\_\_\_\_

SPECIAL OLYMPICS \_\_\_\_\_

VOLUNTEER MANAGEMENT \_\_\_\_\_

Please indicate which day/s and time/s you can serve

|                    | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------------------|--------|---------|-----------|----------|--------|----------|--------|
| 8 am               |        |         |           |          |        |          |        |
| 9 am               |        |         |           |          |        |          |        |
| 10 am              |        |         |           |          |        |          |        |
| 11 am              |        |         |           |          |        |          |        |
| 12 am              |        |         |           |          |        |          |        |
| 1 pm               |        |         |           |          |        |          |        |
| 2 pm               |        |         |           |          |        |          |        |
| 3 pm               |        |         |           |          |        |          |        |
| 4 pm               |        |         |           |          |        |          |        |
| 5 pm               |        |         |           |          |        |          |        |
| 6 pm               |        |         |           |          |        |          |        |
| after hours events |        |         |           |          |        |          |        |

Shaded areas indicate days no sessions happen except rain makeup days. Other activities still are worked on.

[www.flyingfree.org](http://www.flyingfree.org)

7317 Ave P Santa Fe, TX 77510 ♥ Phone/Fax (409) 925-1942 ♥ Email: [admin@flyingfree.org](mailto:admin@flyingfree.org)

CONSENT FOR EMERGENCY MEDICAL TREATMENT

Date:

**I. VOLUNTEER INFORMATION**

Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Date of Birth. : \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

—

**II. PHYSICIAN INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Office Phone. : \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

**III. TEMPORARY ASSISTANCE OR CARE INFORMATION**

Name: \_\_\_\_\_

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

Home Phone. : \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

*\* Person who is authorized to give temporary assistance or care in the absence of parent or guardian.*

**IV. PREFERRED MEDICAL FACILITY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**V. GENERAL QUESTIONS (CIRCLE ONE)**

Do you have, or have you ever had, asthma or pet allergies? Yes No

Are you on medication for asthma? Yes No If yes, please list:

\_\_\_\_\_

**DO YOU HAVE OR HAVE YOU EVER HAD, ALLERGIES TO INSECT BITES AND/OR BEE STINGS? YES NO**

**VI. STATEMENT AUTHORIZING MEDICAL TREATMENT**

In the case of medical emergency, the undersigned authorizes Flying Free Equithery to provide such medical assistance as they determine to be necessary.

If the volunteer named above is younger than 18 years of age, the undersigned authorizes Flying Free Equithery, acting through the adult on its staff who has actual care control and possession of the child to consent to medical, dental, and surgical treatment of the child when the undersigned cannot be contacted. The undersigned represents to Flying Free Equithery that he or she is the child's parent and either (i) is not divorced from the other parent, or (ii) is divorced from the other parent, but has been authorized by a written court order to give consent to medical, dental, and surgical treatment of the child. The undersigned will indemnify and hold Flying Free Equithery, its officers, members, employees and agents harmless if he or she is not empowered by law to give this consent.

The undersigned authorizes any licensed physician and /or medical facility to provide any medical, dental, surgical care and/or hospitalization for the child, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent form from the undersigned.

No person can be accepted for participation at Flying Free Equithery until the form has been completed. If the person is of legal age (18), he/she may complete the form. If the person is not of legal age (18), the form must be completed by a parent or guardian. Volunteer activities will be supervised and although every effort will be made to avoid any accident, **NO LIABILITY** can be accepted by any of the organizations concerned, including Flying Free Equithery.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Volunteer

I represent to Flying Free Equithery that I am the parent or guardian of the Volunteer whose signature appears above. On behalf of that Volunteer, I agree and accept all of the provisions of the foregoing Consent for Emergency Medical Treatment. I am authorized to sign this Statement on the behalf of the Volunteer and my doing so legally binds the Volunteer as if he/she were not a minor.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Volunteer's Parent or Guardian (Necessary if Volunteer is under 18 years of age)

**CONSENT TO PHOTOGRAPH, TAKE MOTION PICTURES, VIDEO TAPE, SOUND RECORD,  
AND/OR TELEVISION**



**CONSENT:**

I hereby give consent to Flying Free EquitheraPy the right to photograph, televise, film, video tape, and/or sound record the acts, appearances, and/or utterances of \_\_\_\_\_ and to use any descriptive words or names, including the name of \_\_\_\_\_ in connection therewith and without limit as to time, to produce and reproduce the same or any part thereof by any method, and to use said photographs, teletapes, films, video tapes, and sound recordings for any purpose which Flying Free EquitheraPy deems proper in the interest of newspapers, television media, brochures, pamphlets, instructional material, books and clinical material, medical education, knowledge or research. All such photographs, teletapes, films and sound recordings shall be the exclusive property of Flying Free EquitheraPy and I hereby relinquish all right, title, and interest therein. With respect to the foregoing matters, no inducements or promises intention of Flying Free EquitheraPy to use or cause to be used such photographs, films, and pictures for the primary purpose of promoting and aiding Flying Free EquitheraPy and its work.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGREED (If minor, by written consent of parent or legal guardian)

\_\_\_\_\_  
DATE

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**NON-CONSENT:**

I hereby give consent to Flying Free EquitheraPy the right to photograph, televise, film, video tape, and/or sound record the acts, appearances, and/or utterances of \_\_\_\_\_ and to use any descriptive words or names, including the name of \_\_\_\_\_ in connection therewith and without limit as to time, to produce and reproduce the same or any part thereof by any method, and to use said photographs, teletapes, films, video tapes, and sound recordings for any purpose which Flying Free EquitheraPy deems proper in the interest of newspapers, television media, brochures, pamphlets, instructional material, books and clinical material, medical education, knowledge or research. All such photographs, teletapes, films and sound recordings shall be the exclusive property of Flying Free EquitheraPy and I hereby relinquish all right, title, and interest therein. With respect to the foregoing matters, no inducements or promises intention of Flying Free EquitheraPy to use or cause to be used such photographs, films, and pictures for the primary purpose of promoting and aiding Flying Free EquitheraPy and its work.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGREED (If minor, by written consent of parent or legal guardian)

\_\_\_\_\_  
DATE

**FLYING FREE EQUITHERAPY**



**“Horses Give Us Wings”**

**CONFIDENTIALITY AGREEMENT**

I understand that all information, both written and verbal, regarding clients at Flying Free Equitherapy and confidential business matters shall be held in strict confidence at all times except as needed within the facility for therapy and/or business purposes.

I understand that a breach of confidentiality is grounds for dismissal and may also result in legal prosecution.

\_\_\_\_\_  
(volunteer)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(witness)

\_\_\_\_\_  
(date)

**[www.flyingfree.org](http://www.flyingfree.org)**

7317 Ave P Santa Fe, TX 77510 ♥ Phone/Fax (409) 925-1942 ♥ Email: [admin@flyingfree.org](mailto:admin@flyingfree.org)

**RELEASE OF LIABILITY AND INDEMNITY AGREEMENTS**  
**ALL CLIENTS/ VOLUNTEERS/STAFF MUST SIGN**

In consideration, the receipt and sufficiency of which is hereby acknowledged, for being allowed participation in the ACTIVITIES in association with **FLYING FREE EQUITHERAPY (FFE)** and **Sherlock Farms (Myron and Sheri Holmes)**, the undersigned hereby enter into this **RELEASE OF LIABILITY AND INDEMNITY AGREEMENT** (this "Agreement") as of the date set forth below.

**1. ACKNOWLEDGMENT OF RISKS:** The undersigned recognizes and understands that there are risks associated with their participation in the Activities including, but not limited to, bodily injury or death to persons and damage to property. The undersigned further acknowledges and understands that they will be held liable and responsible for any and all damage to persons, livestock, vehicles, property and/or improvements to property that is caused by them and/or any persons (including, but not limited to, minors) under their care and control, and that arise out of, or are related to, the undersigned's participation in the Activities.

**2. APPLICABILITY AND SCOPE OF RELEASES AND INDEMNITIES:** For purposes of this Agreement, "Claims" shall mean any past, present and future claims, losses, costs, expenses, liabilities, demands, or causes of action, and costs of defense or settlement (including, without limitation, attorneys' fees and court costs). The releases, waivers and indemnities contained in this Agreement expressly shall apply regardless of whether the Claims to be released, waived or indemnified against arise, or are alleged to arise, from (i) NEGLIGENCE (WHETHER SOLE, JOINT OR CONCURRENT), GROSS NEGLIGENCE, NEGLIGENCE PER SE, and/or STRICT LIABILITY, of FFE or their respective present and former officers, directors, members, subsidiaries, affiliates (including but not limited to Sherlock Farms), employees, staff and agents and any other person, firm or corporation bound to defend or pay judgments against them (the "Released Parties"); (ii) personal injury, death or property damage;

(iii) acts under the Texas Deceptive Trade Practices Act ("DTPA"); (iv) acts of any other persons or guests; (v) theft, burglary, assault, or other crimes; (vi) fire, water, wind, rain and/or smoke and/or (vii) any other risks and hazards associated with the undersigned's entry into and participation in the Activities, including, but not limited to, the general conditions at the Activities, animals both wild and domestic that may be diseased and/or potentially dangerous, persons with firearms both on and off the premises used in connection with the Activities, and the driving or riding in any vehicles, whether belonging to Released Parties or to other persons.

**3. RELEASE FROM LIABILITY:** The undersigned hereby RELEASES, ACQUITS AND FOREVER DISCHARGES, and WAIVES any and all Claims against any of the Released Parties that arise from or relate to their participation in the Activities - including, but not limited to, the types of claims enumerated in Paragraph 2 - and agree not to sue any of the Released Parties for such Claims. Without limiting the foregoing, the undersigned agrees that the Released Parties shall not be liable to them, their family, or their guests, for personal injury, property damage, or any other Claims arising from or related to the undersigned's participation in the Activities.

**4. AGREEMENT TO INDEMNIFY AND HOLD HARMLESS:** The undersigned agrees to INDEMNIFY and HOLD HARMLESS the Released Parties against any and all Claims arising from or related to the undersigned's participation in the Activities - including, but not limited to, the types of Claims enumerated in Paragraph 2. In addition, and without limiting the foregoing, the undersigned agrees to INDEMNIFY the Released Parties for any Claims for injuries to any minors under their care and control and/or his or her parent/guardian, and for any Claims asserted by, through or under the undersigned, arising from or related to the undersigned's participation in the Activities - including, but not limited to, the types of Claims enumerated in Paragraph 2. As used herein, "INDEMNIFY" means to agree to assume the Released Parties' liability in a situation, thereby relieving them of responsibility, and/or reimbursing the Released Party for Claims asserted against them.

**5. PHOTOGRAPH/INTERVIEW RELEASE AND INDEMNITY AGREEMENT:** The undersigned GRANTS PERMISSION to be PHOTOGRAPHED or INTERVIEWED in connection with the Activities. The undersigned understands that any such photograph or interview may be used by the Released Parties or television, film, video, visual, graphic or printed media. The undersigned agrees to RELEASE and INDEMNIFY the Released Parties with respect to any Claims related to the usage of such photographs or interviews by the Released Parties or any media - including, but not limited to, the types of Claims enumerated in Paragraph 2.

As further inducement to FFE to permit the undersigned's participation in the Activities, the undersigned represents that they thoroughly and completely understand that this is a complete and final release and indemnity agreement, that they are freely and voluntarily entering into this Agreement, and that no representations, promises or statements made by any Released Party, or any agent, attorney or other representative of any Released Party has influenced the undersigned in causing them to sign this Agreement.

The undersigned understands that this agreement shall be binding on their heirs, executors, successors and assigns that the Agreement will be governed by the laws of Texas, and that jurisdiction and venue for resolution of any dispute regarding this Agreement shall lie in a Texas State Court in Galveston County, Texas.

If any part of this Agreement is determined to be invalid or unenforceable, it does not affect the validity of the remainder of this Agreement. The undersigned agrees to the terms and conditions above, and acknowledges receipt of this Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

If the person on whose behalf this Agreement is being executed is a minor, a parent or legal guardian must also execute this Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Relationship to Minor

VOLUNTEER SCHEDULE

|         |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|
| MONDAY: |  |  |  |  |  |  |
| 8AM     |  |  |  |  |  |  |
| 9 AM    |  |  |  |  |  |  |
| 10 AM   |  |  |  |  |  |  |
| 11 AM   |  |  |  |  |  |  |
| 12 PM   |  |  |  |  |  |  |
| 1 PM    |  |  |  |  |  |  |
| 2 PM    |  |  |  |  |  |  |
| 3 PM    |  |  |  |  |  |  |
| 4 PM    |  |  |  |  |  |  |
| 5 PM    |  |  |  |  |  |  |
| 6 PM    |  |  |  |  |  |  |

## VOLUNTEER RIDING LESSONS FOR FLYING FREE EQUITHERAPY

By popular demand, FLYING FREE will be offering riding lessons to our beloved volunteers. Please read the following details very carefully.

### **ELIGIBILITY :**

To be eligible to take advantage of this wonderful opportunity you must be one of the following:

- A Current Volunteer at FLYING FREE
- A FLYING FREE Board Member
- A FLYING FREE Committee Member

### **SKILL LEVELS:**

|                    |   |
|--------------------|---|
| GREENER THAN GRASS | For people who have never had any formal riding lessons, or who have never ridden.  |
| RUSTY BUT READY    | For riders who have ridden a fair amount, either English or western at the walk, trot and canter, but who may be rusty.   |
| TALLY HO HO        | For riders, either English or western, who are solid at the walk, trot and canter. You know your diagonals and leads and are ready to start with more advanced riding |

|   |        |                    |
|---|--------|--------------------|
| <b>SCHEDULED CLASS TIMES</b>  |        |                    |
| <b>LESSONS CAN BE SCHEDULED TUESDAY THROUGH SATURDAY</b>                  |        |                    |
| <b>LESSONS FOR FAMILY MEMBERS CAN BE TAUGHT UNDER SHERLOCK FARMS NAME</b> |        |                    |
| ONCE A MONTH ON SUNDAY  | 2-5 PM | HORSEMANSHIP CLASS |
| FOLLOWING HORSEMANSHIP CLASS  | 5 PM   | CERTIFICATION TEST |

**COST :** \$80.00 for each 4 week session(sessions last 45 minutes) –Price is a reduced rate from regular sessions

\*\* **registration will be canceled if not paid in full PRIOR to session.**

\$35 for horsemanship class

\$20 for certification test only. **Must pass in order to ride/exercise horses (except during lessons)**

**QUESTIONS :** Contact Sheri at 409-925-1942

### **VOLUNTEER LESSONS REGISTRATION INFORMATION**

**Mail To: Flying Free Equitherapy 7317 Ave P Santa Fe, Texas 77510**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone. : \_\_\_\_\_ Work Phone: \_\_\_\_\_

Class Day, Time and Level: \_\_\_\_\_

Amount Paid: Send check or money order \_\_\_\_\_ class session (4 weeks) \_\_\_\_\_ horsemanship \_\_\_\_\_ certification

Total enclosed:\$\_\_\_\_\_