

845-361-1429

# Juckas Stables “Wrangler In Training” Application



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone:(H) \_\_\_\_\_ (C) \_\_\_\_\_

## Parent/Legal Guardian Information:

Print Name \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

What years were you at Juckas Stables Camp and for how many weeks? \_\_\_\_\_

What do you remember most about camp? \_\_\_\_\_

What other camps have you participated in? \_\_\_\_\_

What motivates you to apply to be a WIT at Juckas Stables now? \_\_\_\_\_

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

WITS must commit to two weeks or more. Camp Dates you are available to be a WIT: \_\_\_\_\_

Describe any prior experience or skills you have with horses, children or other responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_

What strengths/skills will you bring to Juckas Stables? \_\_\_\_\_  
\_\_\_\_\_

What goals do you have for applying to be a WIT? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**Health History:** *Work with and around horses as well children can be rewarding and invigorating but it can also be hazardous, tiring, strenuous and result in injury.* Please describe your current health status and/or recent hospitalizations/surgeries.

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

Do you have Allergies?: \_\_\_\_\_ Medications?: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Other Info for us to know? \_\_\_\_\_

**Both Parents and WITS need to read, initial and sign.**

**Risk Acknowledgement:** As a WIT at Juckas Stables, Inc., I acknowledge my child will be exposed to potential risks typically associated with working around horses. These can vary from minor to serious injury. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever, all claims for damages against Juckas Stables Inc., and all their family members, employees and volunteers for any and all injuries and/or losses my child may sustain while participating as a Wrangler in Training at Juckas Stables, Inc. **WIT Initial** \_\_\_\_\_ **Parent Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

**Confidentiality Agreement:** I understand that all information (written and verbal) about participants at Juckas Stables, Inc. is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor. **WIT Initial** \_\_\_\_\_ **Parent Initial** \_\_\_\_\_ **Date** \_\_\_\_\_

**Photo Release:** I \_\_\_\_\_  DO or  DO NOT initial consent to and authorize the use and reproduction by Juckas Stables 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 program.

**Health Considerations:** An important factor in considering whether to allow my child to become a WIT at Juckas Stables is the need to be on their feet and work in the heat as needed. We operate in an environment in which exposure to dust, hay, pollen, animals and other potential allergens should be expected. All WIT's who have any health considerations should discuss this activity with their doctor prior to becoming a WIT.

**Dress Code:** WIT's must wear closed-toe, closed-heel shoes or boots that offer foot protection and sure footing. Long pants and short or long-sleeved shirts are considered appropriate attire for this job. For everyone's safety and comfort and to maintain a professional environment, WIT's are prohibited from wearing short-shorts or other revealing clothing, sagging pants, dangling jewelry and perfume. Cell phones and other personal electronics are not permitted and should be left in backpack turned off. During the cooler months, dressing in layers is advised. At staff's discretion, we may ask you to change clothing or dismiss you from service if you are in violation of our dress code.

**Minimum Age Requirements:** All WIT's assisting with camp must be at least 15 years of age. Staff will determine and guide the appropriate duties for all WIT's, taking into consideration the desires of each individual.

**Injuries:** Any WIT who sustains even the slightest injury while at Juckas Stables., Inc. is REQUIRED to report the situation to any program staff at the time the injury occurs. A simple incident form will be filled out for training purposes. If you do not report it immediately, you are putting yourself and the safety of others at risk.

**Code of Conduct:** WIT's are expected to conduct themselves in a professional manner and to show courtesy and respect to their fellow WIT's, staff and campers. Harassment of any sort will not be tolerated. Inappropriate behavior or language is grounds for dismissal. Smoking is not allowed anywhere on our premises. We greatly appreciate your prompt arrival, which allows us to conduct our work in a timely manner.

I understand that all the information provided in this application is accurate to the best of my knowledge. I know of no reason why my child should not participate as a WIT at Juckas Stables. Your signature indicates that you have read, understood and agreed to abide by these guidelines.

WIT Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# "WRANGLER IN TRAINING" LIABILITY RELEASE FORM

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Age: \_\_\_\_\_ Today's Date \_\_\_\_\_

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

Emergency Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**WARNING: UNDER NEW YORK LAW, AN EQUINE PROFESSIONAL OR EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 18-404 OF THE GENERAL OBLIGATIONS LAW.**

The undersigned "Wrangler in Training" (WIT), in consideration of participating in any and all horse related activities, hereby forever releases and discharges Juckas Stables Inc., its officers, directors, agents, wranglers, volunteers, advisors and/or representatives in any location where horse related activities are conducted or horses and/or property are used from any and all claims, rights, demands, actions, causes of action, expenses and damages of any kind which he or she may ever have, whether known or unknown. The undersigned further understands the risk involved in participating in WIT activities to include serious injury or death and fully assumes said risk for any injury, loss or damage of any kind resulting from such associated activities.

It is further understood that all Wranglers in Training should maintain a policy of insurance covering medical treatment and all related costs in the event of an injury as a result of participating in any and all Juckas Stables Inc. activities and that should parents of said WIT choose not to maintain a policy of insurance that they are liable for medical treatment and all related costs in the event of an injury as a result of participating in any and all Juckas Stables Inc. activities. Parents of WIT's hereby agree to assume all expenses, medical, liability, or otherwise, arising out of any injury to them while participating in any horse related activity or event either at Juckas Stables Inc. and understands that Juckas Stables Inc. does not provide health, accident, or liability insurance to participants in horse related activities.

I acknowledge that I must treat the horses and fellow WIT's, employees and campers with respect and dignity and under no circumstances will any form of abuse be tolerated against any animal or person, be it physical, verbal or otherwise, and should said referenced events occur I will be asked to leave and will no longer be eligible to participate in any Juckas Stables Inc. WIT activities.

The person executing this Release acknowledges that there is a valid consideration to executing this Release. The invalidity of any statement or waiver of rights above under local, state or federal law does not invalidate any other statement or waiver of rights above and have read, fully understand and voluntarily agree to this Release and that no oral representatives, statements or inducements apart from this Release have been made to me.

### Medical Consent to Treat/Medical Consent to NOT Treat

In the event that emergency medical aid/treatment is required by me for illness or injury while on any Juckas Stables Inc. property or participating in any Juckas Stables Inc. related activity        **I DO**        **I DO NOT** authorize Juckas Stables Inc. to secure and obtain medical treatment and/or transportation if needed. (This authorization includes any treatment/procedure deemed "lifesaving" by a physician, hospital or other medical facility. This provision will only be invoked if emergency contacts listed above cannot be reached and Juckas Stables Inc. must act on my behalf.

Any known medical conditions/allergies: \_\_\_\_\_

Current limitations or medications: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ ID#: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

WIT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Guardian Name: \_\_\_\_\_ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I as parent or guardian of the above applicant, represent to Juckas Stables Inc. that the facts concerning my child or ward are true. I hereby give my permission for my child or ward to participate in any equine related activity, and, further, in consideration of allowing my child or ward to participate in such activities agree individually and on behalf of my child or ward, to the terms of the above foregoing release, waiver and indemnity agreement.*



Juckas Stables, Inc.



845-361-1429



JuckasStables@frontiernet.net

