



2013

Therapeutic Riding Equestrian Center

Volunteer Information and Release Form

Office Only:	
Name Tag	_____
Database	_____
Email online	_____

Please print clearly

Name: _____ D.O.B: _____ Age _____

Name or Nickname for name tag: _____

Address: _____ City _____ State _____ Zip _____

This is a temporary college address ending (date) _____ E-mail _____

Home Phone _____ Work Phone _____ Cell Phone _____

School or Employer _____ Occupation _____

Returning volunteer? Yes No If no, how did you learn about the program? _____

I will be volunteering:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Evening					No evening	No evening

I come with a rider or school: Yes No

I am willing to be "on call": Mornings _____ Evenings _____

Farm chores only: _____

Photo Release

I DO DO NOT consent to and authorize the use and reproduction by Therapeutic Riding Equestrian Center (TREC) 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 center.

▶▶ Signature of volunteer _____ Date: _____
 (Or parent/guardian if under 18 years of age)

Release of Claim

The instructors, riding facility owners, officers, directors and volunteers of Therapeutic Riding Equestrian Center are hereby released, acquitted and discharged from any claim for damage or suit by reason of any injury, illness or damage to person or property during the course of TREC riding sessions, including transportation to and from the sessions, and in regard, I hereby covenant that on my own behalf not file a claim or bring suit with respect to any such injury.

▶▶ Signature of volunteer _____ Date: _____
 (Or parent/guardian if under 18 years of age)

I have watched the training video (or will take a copy home to watch), and had all of my questions answered. I also agree to maintain and respect the confidentiality of riders and volunteers.

▶▶ Signature of volunteer: _____ Date: _____

(Please complete other side)

Emergency Medical Information and Release

Physician's Name _____ Phone # _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Are there any special medical needs and/or conditions that we should be aware of? Y _____ N _____

If yes, please list on separate sheet of paper and submit with application.



Please choose one of the following plans:

A. Consent Plan

In the event of emergency, the undersigned authorizes any licensed physician and/or emergency medical personnel to provide any medical/surgical care and/or hospitalization, for the undersigned or the dependent volunteer under the age of 18 that the undersigned represents, including anesthetic, that they determine necessary or advisable, pending receipt of specific consent from the undersigned or his/her legal representative.

In the event emergency medical aid/treatment is required due to illness or injury while participating in the TREC program, or while being on the property, I authorize Therapeutic Riding of Equestrian Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

▶▶ **Consent** Signature: _____ Date: _____
(Volunteer or Parent/Guardian if under 18 years of age)

B. Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury while participating in the TREC program or while being on the property.

- » If under 18, parent or legal guardian will remain on site at all times during equine activities.
- » In the event emergency treatment/aid is required, I wish the following procedure to take place:

▶▶ **Non-Consent** Signature: _____ Date: _____
(Volunteer or Parent/Guardian if under 18 years of age)