



## VOLUNTEER REGISTRATION & RELEASE FORM

### PLEASE PRINT

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Place of Employment/School \_\_\_\_\_

Occupation \_\_\_\_\_

Parent/ guardian name \_\_\_\_\_ Phone \_\_\_\_\_  
(for volunteers under 18 years of age)

I would like to volunteer at Ridin' High as: (circle all that apply)

Leader      Sidewalker      Instructor      Barn Help      Special Events

I am available:

Mondays    Tuesdays    Wednesdays    Thursdays    Fridays    Saturdays

Please tell us about your experience with:

- Horses: \_\_\_\_\_  
\_\_\_\_\_
- People with disabilities: \_\_\_\_\_  
\_\_\_\_\_
- Please share any other experience, qualifications or talents that may benefit the Ridin' High Program:  
\_\_\_\_\_  
\_\_\_\_\_

**PHOTO RELEASE:** (Check one) \_\_\_\_\_ I **consent** to and authorize \_\_\_\_\_ I **do not** consent to nor do I authorize the use and reproduction by Ridin' High, Inc. of any and all photographs and any other audiovisual materials taken of me for promotional printed materials, educational activities, exhibitions, or for any other use for the benefit of the program.

**POLICY OF CONFIDENTIALITY:** Confidentiality is defined as "told in secret or private; trusted." Any information regarding the participants (clients) at Ridin' High must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our facility. Failure to abide by this policy may diminish the quality of the services we provide and result in legal ramifications. I have read and understand Ridin' High's Policy of Confidentiality and agree to abide by same.

**LIABILITY RELEASE:** I acknowledge the risks and potential for risks of horseback riding and working with horses, including grievous bodily harm; however, I feel that the possible benefits to me are greater than the risks assumed. 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 Ridin' High, Inc., its board of directors, Instructors, Therapists, Volunteers, Employees, Circle N Hilltop Farm and its owner, for any and all injuries and/ or losses I may sustain while participating as a Ridin' High volunteer or any other related activities at the Circle N Hilltop Farm.

The undersigned acknowledges that he/she has read this Volunteer Application in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_  
(If volunteer is under 18, **both** signatures are required)

#### **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR VOLUNTEERS**

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize Ridin' High to:

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

In case of emergency, contact: \_\_\_\_\_ Phone \_\_\_\_\_

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

Preferred Medical Facility: \_\_\_\_\_ Health Insurance Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

Please indicate any medical conditions and or medication that may affect your volunteer role and that we should be aware of in the event of an emergency \_\_\_\_\_ Date of Last Tetanus shot \_\_\_\_\_

**CONSENT PLAN** (to be invoked in the event that your Emergency Contact cannot be reached) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and or any treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property of the agency.

Date: \_\_\_\_\_ Consent Signature \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_  
(If volunteer is under 18 years of age, **both** signatures are required)

**NON-CONSENT PLAN** I do not give consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_  
(If volunteer is under 18 years of age, **both** signatures are required)