

VOLUNTEER INFORMATION FORM

NAME: _____

HOME ADDRESS: _____

TELEPHONE: Daytime _____

Evening _____

E-MAIL: _____

CONTACT INFORMATION:

Please give name of person to contact in case of emergency:

NAME: _____

HOME ADDRESS: _____

TELEPHONE: Daytime _____ Evening _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S TELEPHONE: _____

IN CASE OF AN EMERGENCY, I GIVE PERMISSION TO THE FREDERICTON THERAPEUTIC RIDING ASSOCIATION TO SECURE MEDICAL TREATMENT INCLUDING X-RAY, SURGERY, HOSPITALIZATION AND MEDICATION.

SIGNED: _____

DATE: _____

VOLUNTEER STANDARDS OF CONFIDENTIALITY

I, _____ recognize that my role as a volunteer with the Fredericton Therapeutic Riding Association will entitle me to certain information about riders which should be treated as confidential.

All information given to me by a parent/instructor/rider in relation to a rider will be discussed only with the personnel of the Fredericton Therapeutic Riding Association.

At no time will I discuss any information about riders with other parents, or any other individuals. I recognize that all material and papers pertaining to the rider's care are legal documents and all information contained therein is confidential.

SIGNED: _____

DATE: _____

VOLUNTEER LIABILITY RELEASE

As a volunteer with the Fredericton Therapeutic Riding Association at Silverwood Arabians, I acknowledge the risks and potential for risks of a horseback riding programme. However, I feel that the possible benefits to myself and the clients I work with are greater than the risk 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 the Fredericton Therapeutic Riding Association, its Board of Directors, Instructors, Therapists, Volunteers and/or Employees and Silverwood Arabians for any and all injuries and/or losses I may sustain while participating in the Fredericton Therapeutic Riding Association's program.

SIGNED: _____

DATE: _____

PHOTO RELEASE

I consent to authorize the use and reproduction by the Fredericton Therapeutic Riding Association of any and all photographs and any other audiovisual materials taken of me for promotional material, education activities, exhibitions or for any other use for the benefit of the programme.

SIGNED: _____

DATE: _____