

Boots and Buddies Therapeutic Riding
(203) 733-6657

VOLUNTEER REGISTRATION AND RELEASE FORM

Participant's Name: _____ Date of Birth: _____

School (if applicable) : _____

(If under 18 years of age, both parent & volunteer names are required.)

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Liability Release (Required): (Name) _____ would like to participate in Boots and Buddies, Therapeutic Riding. I acknowledge the risks and potential for risks of working with animals, horseback riding and related equine activities, including the potential for bodily harm. However, I feel that the possible benefits for my child/ward or myself are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages against Boots and Buddies, its Board of Directors, Instructors, Aids, Volunteers, and/or Employees for any and all injuries and/or losses my child/ward may sustain while participating in the program from whatever cause including but not limited to the negligence of these released parties.

The undersigned acknowledges that he/she has read this Registration and Release Form 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.

Signature: _____

Date: _____

(If volunteer is under 18 years of age, both parent & volunteer signatures are required.)

Signature (Parent/Guardian) _____

Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant _____

Staff _____

Volunteer _____

PERSONAL INFORMATION:

Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

PHYSICIAN AND INSURANCE INFORMATION:

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Co: _____ Policy Number: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Boots and Buddies to secure and retain medical treatment and transportation, if needed. I also authorize the release of client records upon request to the authorized individual or agency involved in the medical emergency treatment.

CONSENT PLAN

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) listed cannot be reached.

Consent Signature: _____ Date: _____ Relationship: _____

NON-CONSENT PLAN

I do not give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place. Please give details:

Non-Consent Signature: _____ Date: _____ Relationship: _____

AUTHORIZATION FOR TAKING AND USE OF PHOTOGRAPHS AND VIDEO AND AUDIO RECORDING

I AUTHORIZE BOOTS AND BUDDIES, and any person acting on Boots and Buddies' behalf, to take my photograph, or to create a video or audio recording of me, and to use that photograph or video or audio recording, or to use a photograph or video or audio recording previously taken by Boots and Buddies, for Boots and Buddies business purposes. I understand that Boots and Buddies' business purposes include, but are not limited to, the creation of Boots and Buddies-sponsored publications, educational materials, and external marketing. I acknowledge that I am not a professional actor and am not generally known to the public. I understand that any photographs or video or audio recordings created by Boots and Buddies are Boots and Buddies' property. I understand I will not be compensated for such photographs or video or audio recordings.

I hereby irrevocably authorize Boots and Buddies, or any person acting on its behalf, to edit, alter, copy, exhibit, publish or distribute any photograph or video or audio recording of me for the purposes described above. In addition, I irrevocably consent to such use or disclosure without my prior inspection or approval of the finished product including written or electronic copy, wherein my likeness appears.

I understand that Boots and Buddies is not responsible for any use or disclosure of any photograph or video or audio recording of me not authorized by Boots and Buddies. I hold Boots and Buddies harmless from any loss, damage or injury resulting from any such unauthorized use or disclosure.

Full Name: (printed) _____

Signature: _____

Date: _____

(If volunteer is under 18 years of age, both parent & volunteer signatures are required.)

Signature (Parent/Guardian) _____

Date: _____

CONFIDENTIALITY POLICY

Boots and Buddies places great importance on protecting the confidential information of our clients, staff, and volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc., as well as the non-public business records of Boots and Buddies.

In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose Confidential Information to anyone other than Boots and Buddies staff. Volunteers must seek staff permission before taking any pictures or videos.

I have read and understand the Boots and Buddies Confidentiality Policy and agree to abide by same.

Signature: _____

Date: _____

(If volunteer is under 18 years of age, both parent & volunteer signatures are required.)

Signature (Parent/Guardian) _____

Date: _____

REFERENCE AND BACKGROUND CHECK INFORMATION

Reference Name (non relative): _____

Phone: _____ Email: _____

Copy of driver's license or phone ID: Yes No

If not submitted, please indicate reason: _____

Have you ever been convicted of a criminal offense or have a conviction pending including any misdemeanors? Yes No

If yes, when? _____

Please explain nature of offense: _____

I understand that Boots and Buddies may perform background checks on all new adult volunteers. The information on my volunteer application will be verified, and I give permission to make inquiry of others concerning my suitability to act and serve as a volunteer for Boots and Buddies.

Signature: _____ Date: _____