



# 2012

## Therapeutic Riding Equestrian Center

Volunteer Information and Release Form

Video/Safety	_____
Side/Mount	_____
Leader	_____
Nametag	_____
Tack	_____
Shirt	_____
Instructor initials	_____

*Please print clearly or type*

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? \_\_\_\_\_

**All** volunteers will be given a T-shirt to wear during class. Please circle your size: S M L XL XXL

I will be able to volunteer (please list class times and 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> choices) \_\_\_\_\_ Tack/Projects \_\_\_\_\_

Monday AM	Monday PM	
Tuesday AM	Tuesday PM	
Wednesday AM	Wednesday PM	
Thursday AM	Thursday PM	
Friday AM	Friday PM	
Saturday AM	Saturday PM	

**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: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Volunteer 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 for the Handicapped 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, received a copy of the TREC Volunteer Handbook, and had all of my questions answered. I am also aware and understand and agree to maintain and respect the confidentiality of riders and volunteers.

▶▶ Signature of volunteer: \_\_\_\_\_  
 (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)

This volunteer in the Therapeutic Riding Equestrian Center (TREC) program  
has completed the initial volunteer training required.

Date of training: \_\_\_\_\_ Trained by: \_\_\_\_\_