

# Faith Equestrian Therapeutic Center Volunteer Information Form (One Day)

Date of application: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address (We communicate via email) \_\_\_\_\_

## **EMERGENCY INFORMATION**

In case of Emergency Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Contact Work Phone: \_\_\_\_\_ Contact Address: \_\_\_\_\_

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

Hospital/Town: \_\_\_\_\_

In case of emergency, I give permission to Faith Equestrian Therapeutic Center to secure medical treatment including x-rays, surgery, hospitalization and medication.

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

## **CONFIDENTIALITY POLICY**

I acknowledge that all FETC riders & their families have a right to privacy that gives them control over the dissemination of medical and other sensitive information. I agree to keep confidential all such medical, social and personal information.

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

## **PHOTO RELEASE**

I consent to and authorize the use and reproduction by Faith Equestrian Therapeutic Center of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of this program.

- I do consent
- I do NOT consent

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

## **Volunteer LIABILITY RELEASE**

As a visitor at Faith Equestrian Therapeutic Center, I acknowledge the risks and potential for risk of horseback riding program. However, I feel that the possible benefits to me and the clients with which I work are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors of administrators, waive and release forever all claims for damages against Faith Equestrian Therapeutic Center, its Board of Directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating at the Faith Equestrian Therapeutic Center. I further release FETC for any actions of its Board of Directors, instructors, therapists, volunteers and/or employees occurring outside the scope of the program itself, including but not limited to transportation, care, giving, horse exercising, etc.

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

I also assume the risks and agree to release and hold harmless the Twin Pines Farm, Veronica (Bonnie) Rachael and her heirs from any liability for injuries to me while at the Twin Pines Farm.

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