

Xenophon Therapeutic Riding Center

Volunteer/Staff Information and Releases

Name _____ Date: _____

Address _____ City _____ Zip _____

Parent/Guardian Name & Address (if under18) _____

_____ **E-mail:** _____

Employer/School _____ Horse Experience? _____

Work Address _____ City _____ Zip _____

Date of Birth _____ **Phone:** (H) _____ (W) _____

Educational Background _____

Days Available _____ Hobbies, Interests _____

How did you learn about Xenophon _____ ?

Are you certified for CPR and/or First Aid _____ Date of Certification _____

Health limitations (if any): _____

Recent Medical Tests: Last Tetanus Shot: _____ TB Test + - Date: _____

Consult your physician or local health department if you are not up to date with these shots/tests.

Check areas in which you are interested:

Program Volunteer

- Leading a Horse
- Side-walking with student
- Schooling Horses
- Assistant Instructor
- Facility Repairs

Administration

- Future Planning
- Photography / Video
- Newsletter
- Public Relations
- Grant Writing
- Fund Raising

Photo Release

I **DO** **DO NOT**

consent to and authorize the use and reproduction by Xenophon Therapeutic Riding Center of any and all photographs and any other audiovisual materials taken of me for promotional purposes, educational activities, exhibitions or for any other use for the benefit of the program.

Date _____ Signature _____

Volunteer/Parent/Guardian

Volunteer Liability Release

As a volunteer at Xenophon Therapeutic Riding Center, I accept the risks and potential for risks of a horseback riding program. 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, Xenophon Therapeutic Riding 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 Xenophon Therapeutic Riding Center.

Date _____ Signature _____

Volunteer/Parent/Guardian

Confidentiality Agreement

I understand that all information about participants at Xenophon is confidential and will not be shared with anyone without express written consent of the participant or their parent/legal guardian in case of a minor.

Date _____ Signature _____

Xenophon Therapeutic Riding Center

Authorization for Emergency Medical Treatment

Participant

Staff

Volunteer

Name _____ Date of Birth: _____ Phone _____

Address: _____ City _____ ZIP _____

Physician's Name _____ Phone _____

Preferred Medical Facility _____

Health Insurance Co. _____ Policy or Medical _____

Current Medications: _____

Allergies to Medications: _____

Date of last Tetanus Booster _____

In case of emergency please contact:

Name _____ Relation: _____ Phone _____

Name _____ Relation: _____ Phone _____

In the event emergency medical aid or treatment is required due to illness or injury while receiving services or being on the Xenophon's property, I authorize Xenophon Therapeutic Riding 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.

If volunteer is under eighteen, please have release signed by parent/legal guardian.

Consent Plan

In case of emergency, **I give permission** to Xenophon Therapeutic Riding Center to secure medical treatment and transportation if needed. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. Xenophon Therapeutic Riding Center is excused from any and all liability for any decision made in regard to my injury, care and/or hospitalization.

Date _____ Consent Signature _____

Client, Volunteer, Parent, or Legal Guardian

Non-Consent Plan

I **DO NOT give permission** to Xenophon Therapeutic Riding Center to secure medical treatment and transportation if needed. In event emergency treatment is needed, I wish the following procedures to take place.

Date _____ Non-Consent Signature _____

Client, Volunteer, Parent, or Legal Guardian