

2024 Xenophon Therapeutic Riding Center

Volunteer/Staff Information and Release

Name _____ Pronouns: _____

Address _____ City _____ Zip _____

Email: _____

Date of Birth _____ Phone (C) _____ (H) _____

Employer/School _____ Height: _____ Horse Experience? Yes or No

Educational Background _____ Occupation _____

Parent Name/ Phone/ Email (if under 18 yrs): _____

Days Available (check) M am M pm T pm W am W pm Th pm Sat am

How did you learn about Xenophon? _____ Hobbies/Interests: _____

Are you certified for CPR and/or First Aid? _____ Date of Certification(s): _____

Health limitations (if any): _____

What languages do you speak? ie Spanish, ASL, etc: _____

Check areas of interest:

- | | |
|--|--|
| <input type="checkbox"/> Volunteering during therapy classes | <input type="checkbox"/> Photography/Videos |
| <input type="checkbox"/> Cleaning stalls/feeding horses | <input type="checkbox"/> Social Media/Newsletter |
| <input type="checkbox"/> Facility Repair | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Admin/Data Entry | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Fundraising/Annual Gala | <input type="checkbox"/> Other: |

Photo Release

I **DO** I **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 _____ Your Signature _____

Parent signature if under 18 _____

Volunteer Liability Release

As a volunteer at Xenophon Therapeutic Riding Center, I understand and accept the risks and potential for risks of a horseback riding program, as these risks were explained to me. 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 _____ Your Signature _____

Parent signature if under 18 _____

Confidentiality Release

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 _____ Your Signature _____

Parent signature if under 18 _____

Xenophon Therapeutic Riding Center

Authorization for Medical Release

Please circle:

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: _____

Physical restrictions: _____

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.

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 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.

Please note: If volunteer is under 18, a parent/guardian must sign

Consent Form

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 _____ Guest Signature _____

Parent signature if under 18 _____

Non-Consent Form

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 _____