



528 Mersea Rd. 7 R.R. #5 Leamington, Ontario N8H 3V8 (519)322-2463

Volunteer Registration

Name: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

In Case of Emergency

Name: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

Physician: _____ Phone: _____

OHIP #: _____

In case of emergency, I give permission to SpEqTRA to secure medical treatment including X-ray, surgery, hospitalization and medication.

Date: _____ Signature: _____

Liability Release

As a volunteer with SpEqTRA at Windsor Farms Equine Centre, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with are greater than the risk assumed. 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 SpEqTRA, its Board of Directors, Instructors, Therapists, Volunteers and/or Employees and Windsor Farms Equine Centre for any and all injuries and/or losses I may sustain while participating in the Special Equestrian's Therapeutic Riding Association Program.

Date: _____ Signature: _____

Witness: _____

Photo Release Form

I consent to authorize the use and reproduction by SpEqTRA of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Date: _____ Signature: _____

Volunteer Standards of Confidentiality

I, _____ recognize that my role as an Instructor will entitle me to certain information about riders which should be treated as confidential. All information given to me by a parent/instructor/rider/program coordinator in relation to a rider will be discussed only with the personnel of SpEqTRA.

At no time will I discuss any information about riders with other parents or any other individuals. I recognize that all material and papers pertaining to the rider's care are legal documents, and that all information contained therein is confidential.

Date: _____ Signature: _____