



3100 McCormick Rd. Harrow, ON N0R 1G0 519-322-8365

## Volunteer Registration

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

## 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: \_\_\_\_\_

(parent or guardian if under 18)

## **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: \_\_\_\_\_  
Parent or guardian if under 18

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: \_\_\_\_\_  
(parent or guardian if under 18)

## **Volunteer Standards of Confidentiality**

I, \_\_\_\_\_ recognize that my role as a volunteer 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: \_\_\_\_\_