



30 Bennett Street
Carleton Place, Ontario
K7C 4J9

T 613-257-7121
F 613-257-2675
connectwell.ca

Therapeutic Riding Program Volunteer Registration Form

Name: _____ Date: _____ D.O.B _____

Address: _____ Postal Code: _____

Home Phone: _____ Cell: _____

Email: _____ Returning Volunteer? Y____ N____

Year Started with TRP? _____ Volunteer Experience: _____

Experience with horses? Yes____ No____

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

Date of orientation for **new** volunteers: _____

Please initial the consent boxes below and sign at the bottom!

CONFIDENTIALITY FORM

_____ I agree to deal with all matters relating to ConnectWell Therapeutic Riding Program as well as client information, in a professional and confidential manner at all times. I am fully aware that this is a volunteer position & that no compensation, monetary or otherwise is expected.

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Carleton Place, Ontario
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613-257-7619

207 Robertson Drive
Lanark, Ontario
K0G 1K0
613-259-2182

20 Robertson Drive
Beachburg, Ontario
K0J 1C0
613-582-3685



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PHOTO CONSENT AND RELEASE FORM

In consideration for ConnectWell Therapeutic Riding Program continuing to provide services to the community, I hereby:

- a) _____ Grant permission to the said Association and all members of its staff to take and use, for the purpose of instruction, publication in scientific journals, use on our web site and for other similar purposes, photographs or video tapes of myself.
- b) _____ Release all claims on behalf of myself, my heirs, executors, administrators and assigns which I (or the said Student) may have against the said Association, its affiliates, and all members of its staff or the use of any photographs/video taken and used as aforesaid.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

_____ **I understand** This will give the authority to the ConnectWell Therapeutic Riding Program Staff and/or volunteers on behalf of ourselves, to look after the volunteer noted above. If any emergencies should arise in connection with the volunteer we are empowered to deal with such emergencies and make any decisions and to give any consent required by any doctor or hospital in case any medical treatment should be required.

WAVIER OF RESPONSIBILITY

_____ **I understand** there are Inherent **DANGERS, HAZARDS** and **RISKS**, associated with Equine Activities and injuries resulting from these "**RISKS**" are a common occurrence.

_____ **I acknowledge** that the Inherent "**RISKS**" of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**

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- The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them & to potentially collide, bite or kick other animals, people, or objects.
- The unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.

We/I will not hold the ConnectWell Therapeutic Riding Program liable should any accident occur while participating in the program or any related activities thereof, in the company of a volunteer from the Program. It is understood that there are some potential dangers associated with horseback riding as outlined above.

I have read and agree to the above: confidentiality agreement, photo consent agreement, medical emergency consent and waiver of responsibility agreement.

Signature of Volunteer: _____

Witnessed: _____

Date: _____

Thank you for being a volunteer, the most important element of the ConnectWell Therapeutic Riding Program...besides the horses that is!!

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