

Hoof and Paw Therapeutic Riding and Activity Center
Volunteer Registration and Release Form

**718 Hicks Road
Lexington NC 27295
336-764-9026**

General Information

Name: _____ Date: _____

Address: _____ City _____ Zip _____

Employer/School: _____ E-mail: _____

Work Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Parent/Legal Guardian/Emergency Contact Name and Address: _____

How did you learn about the program? _____

Medical Release/Information

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize Hoof and Paw Therapeutic Riding and Activity Center (Hoof & Paw T.R.A.C.) to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release records upon request to the authorized individual/agency involved in the medical emergency treatment.

In case of Emergency, contact: _____ Phone _____

or: _____ Phone _____

Physician's Name: _____ Town: _____ Phone _____

Preferred Medical Facility: _____

Health Insurance Carrier: _____ Policy #: _____

Medical conditions and/or medications that may affect your volunteer role and that we should be aware of in the event of an emergency: _____

Allergies: _____ Date of last Tetanus shot: _____

CONSENT PLAN (to be invoked in the event that your Emergency Contact cannot be reached.) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property or representing Hoof & Paw T.R.A.C.

Date: _____ Consent Signature _____
(Parent or Guardian if volunteer is under 18 years of age)

Medical Insurance Company _____ Policy # _____

Subscriber's Name _____ Group # _____

Date Signature of self, or if under 18 years of age, parent or legal guardian

NON-CONSENT PLAN – I do not give consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

Date: _____ Non-Consent Signature _____
(Parent or Guardian if volunteer is under 18 years of age)

Please Complete

Are you First Aid Certified? _____ Are you CPR Certified? _____

Driver's License #: _____ State _____
Has your driver's license ever been suspended or revoked in any state? ____ YES ____ NO
If yes, when? _____ Where? _____ Why? _____

Have you ever been convicted of a criminal offense? ____ YES ____ NO If yes, when? _____
Where? _____ Please explain: _____

Upon request, you can be asked to submit an application for a criminal background check.

PHOTO RELEASE:

____ I consent to and authorize _____ I do not consent to nor do I authorize

The use and reproduction by Hoof & Paw T.R.A.C. of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program. No compensation will be provided for use with consent.

DATE: _____ SIGNATURE _____
(Parent or Guardian if volunteer is under 18 years of age)

POLICY OF CONFIDENTIALITY:

Confidentiality is defined as “told in secret or private relations; trusted.” Any information in regards to the participants (clients) at Hoof & Paw T.R.A.C. must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our facility. Failure to abide by this policy may diminish the quality of the services we provide and result in legal ramifications.

I have read and understand Hoof & Paw T.R.A.C’s Policy of Confidentiality and agree to abide by same.

DATE: _____ SIGNATURE - Volunteer _____

DATE: _____ SIGNATURE - Parent/Guardian _____
(Parent or Guardian if volunteer is under 18 years of age, **both** signatures are needed)

LIABILITY RELEASE:

I acknowledge the risks and potential for risks of horseback riding and working with horses. However, I feel that the possible benefits to myself are greater than the risks 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 Hoof and Paw T.R.A.C.

its Board of Trustees, Instructors, Therapists, Aides, Volunteers, Employees, or horse owners for any and all injuries and/or losses I may sustain while participating as an Hoof and Paw T.R.A.C. volunteer.

DATE: _____ SIGNATURE _____
(Parent or Guardian if volunteer is under 18 years of age)

Warning
Under North Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center’s program. I agree to keep all information about riders and volunteers confidential.

DATE: _____ SIGNATURE - Volunteer _____

DATE: _____ SIGNATURE - Parent/Guardian _____
(Parent or Guardian if volunteer is under 18 years of age, **both** signatures are needed)

**Thank you for your interest in volunteering for Hoof and Paw
Therapeutic Riding and Activity Center.**