

# Xenophon Therapeutic Riding Center

## Volunteer/Staff Information and Releases

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name & Address (if under18) \_\_\_\_\_

\_\_\_\_\_ **E-mail:** \_\_\_\_\_

Employer/School \_\_\_\_\_ Horse Experience? \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ **Phone:** (H) \_\_\_\_\_ (W) \_\_\_\_\_

Educational Background \_\_\_\_\_

Days Available \_\_\_\_\_ Hobbies, Interests \_\_\_\_\_

How did you learn about Xenophon \_\_\_\_\_?

Are you certified for CPR and/or First Aid \_\_\_\_\_ Date of Certification \_\_\_\_\_

Health limitations (if any): \_\_\_\_\_

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.

### **Check areas in which you are interested:**

#### **Program Volunteer**

- Leading a Horse
- Side-walking with student
- Schooling Horses
- Assistant Instructor
- Facility Repairs

#### **Administration**

- Future Planning
- Photography / Video
- Newsletter
- Public Relations
- Grant Writing
- Fund Raising

### Photo Release

I **DO** **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 \_\_\_\_\_ Signature \_\_\_\_\_

Volunteer/Parent/Guardian

### Volunteer Liability Release

As a volunteer at Xenophon Therapeutic Riding Center, I accept the risks and potential for risks of a horseback riding program. 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 \_\_\_\_\_ Signature \_\_\_\_\_

Volunteer/Parent/Guardian

### Confidentiality Agreement

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 \_\_\_\_\_ Signature \_\_\_\_\_

# Xenophon Therapeutic Riding Center

## Authorization for Emergency Medical Treatment

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: \_\_\_\_\_

Date of last Tetanus Booster \_\_\_\_\_

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's 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.

If volunteer is under eighteen, please have release signed by parent/legal guardian.

### Consent Plan

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 \_\_\_\_\_ Consent Signature \_\_\_\_\_

Client, Volunteer, Parent, or Legal Guardian

### Non-Consent Plan

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 \_\_\_\_\_

Client, Volunteer, Parent, or Legal Guardian