

## Volunteer / Staff Participation, Authorization, Release & Confidentiality

### **Photo/Video Permission & Release**

Horses Helping the Handicapped, Inc. and persons authorized by Horses Helping the Handicapped, Inc. may use and reproduce any and all photographic, video or other audiovisual materials taken of me for promotional materials, educational activities, or for any other use strictly for the benefit of Horses Helping the Handicapped's programs.

**Please initial to indicate permission:** I hereby \_\_\_\_\_ give permission \_\_\_\_\_ do not give permission

### **Acknowledgement and the Authorization for Criminal Background Check**

To ensure the highest level of care for the clients we serve here at Triple H Equitherapy Center, I understand that all volunteers and staff are subject to criminal background check. By signing this Acknowledgment and Authorization, I authorize Triple H Equitherapy Center to access such information as may be necessary to complete a criminal background check. I release from the liability all persons and entities supplying such information. I indemnify Triple H Equitherapy center against any liability which may result from making such requests.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Adult Participant or Parent, Guardian, Caregiver)

### **Physical and Medical Information:**

I can walk for 60 minutes and jog a short distance (the length of an arena). Yes No  
I can hold my arm at shoulder height and support modest weight (switching arms as needed). Yes No  
I have the following medical conditions or physical limitations that you should be aware of: \_\_\_\_\_

### **Experience**

I have owned one or more horses Yes No  
I have experience riding ( ) Western or ( ) English  
Please describe any experience assisting with persons with disabilities or "at-risk" youth: \_\_\_\_\_

### **Areas of interest– Please indicate the area in which you would like to volunteer**

\_\_\_\_ Side walker    \_\_\_\_ Horse Handler    \_\_\_\_ Barn Help    \_\_\_\_ Ranch Help    \_\_\_\_ Publicity  
\_\_\_\_ Clerical/Office    \_\_\_\_ Phone Calling    \_\_\_\_ Construction    \_\_\_\_ Fundraising and Events    \_\_\_\_ Mentor  
\_\_\_\_ Other \_\_\_\_\_

### **Schedule Availability** - Please indicate the days and time frames you will be available to volunteer.

\_\_ Monday    \_\_ Tuesday    \_\_ Wednesday    \_\_ Thursday    \_\_ Friday    \_\_ Saturday



# TRIPLE H EQUITHERAPY CENTER

*Horses Helping the Handicapped, Inc.*

## Volunteer / Staff Participation, Authorization, Release & Confidentiality Form

THIS FORM IS REQUIRED TO BE REVIEWED AND UPDATED ANNUALLY.

### Contact Information

Date of Application: \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

If volunteer is under age 18, please provide the following:

Parent/Guardian/Caregiver Name: \_\_\_\_\_; \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have a family member who is a client here? \_\_\_\_\_ If so their name: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

How did you hear about Triple H Equitherapy? \_\_\_\_\_

### In case of a medical emergency, please notify:

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Transport to nearest emergency facility will be directed, if no preference is listed below.**

**Preferred Emergency Facility: \_\_\_\_\_ City: \_\_\_\_\_**

**Under Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.**

### **Liability Release**

I acknowledge the risks and potential risks of being around horses. 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 Horses Helping the Handicapped Inc., Adlers Nido Ranch, their directors, owners, instructors, aides, volunteers and employees for any and all injuries, death or other losses I/my son/my daughter/my ward may sustain while participating in horseback riding, driving or other related activities originating at, or with horses boarded at 791 Backhaus Road, Pipe Creek, Texas.

**Please initial to indicate agreement:** I hereby \_\_\_\_\_ consent

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

(Adult Participant or Parent, Guardian, Caregiver)

### **Confidentiality Policy & Agreement**

I agree that all Triple H participants and staff have the right to privacy. I acknowledge that persons subject to this confidentiality policy will include, but not be limited to, full and part time employees, contractors, volunteers, consultants, clients, riders and all of their parents, caregivers and family members. I promise to keep confidential any and all medical, social, financial, referral or personal information that I may read or hear in the course of my activity at Triple H Equitherapy Center. I will not leave unattended any forms, copies or computer screens that contain such information. I also understand that breach of confidentiality will result in reprimand or restriction, up to and including termination.

**Please initial to indicate agreement:** I hereby \_\_\_\_\_ agree

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