

Volunteer / Staff Participation, Authorization, Release & Confidentiality

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

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 #: _____ Driver's License #: _____ T-Shirt Size: _____

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

Emergency Medical Authorization:

In the event that emergency medical aid/treatment is required due to illness or injury to/me/my ward/my child while being on the property or participating in the equine activities and therapy originating at 791 Backhaus Road, Pipe, Creek Texas, I authorize Horses Helping the Handicapped Inc., Adlers Nido Ranch, their directors, owners, instructors, aides, volunteers, and employees to secure and retain medical treatment/transportation and to release medical information to appropriate medical personnel. This authorization includes any treatment procedure deemed life saving by the physician including x-ray, surgery, hospitalization or medication.

Please initial to indicate agreement: I hereby _____ consent _____ do not consent

If you do not consent please provide written instructions on your desired procedures in case of illness or injury.

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

CONTINUED ON REVERSE