Cincinnati Therapeutic Riding and Horsemanship
1342 State Route 50
Milford, OH 45150
Phone: 513-831-7050/Fax: 513-831-7908
www.ctrh-online.org

Volunteer Information and Consent Form 2012

Name: _____ Date of Birth: (minimum age 14) _____

_____

Address City State Zip

Employer/School: _____ Work Phone: _____

_____

E-Mail Address

In the event emergency medical aid/treatment is required, due to illness or injury, during the process of receiving services or while being on the property of the agency, I authorize Cincinnati Therapeutic Riding and Horsemanship to:

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

In case of emergency, please print two names to contact:

_____

Name Relationship Phone

_____

Name Relationship Phone

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

Consent Plan: This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Consent Signature: _____ Date: _____

Volunteer/Parent/Guardian/Caregiver

Print Name _____ Phone: _____

Address _____ City _____ State_____ Zip_____

Non Consent Plan: I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

_____

_____

Non Consent Signature: _____ Date: _____

Volunteer/Parent/Guardian/Caregiver

Print Name _____ Phone: _____

Address _____ City _____ State_____ Zip_____

OVER

Questionnaire

How did you learn about Cincinnati Therapeutic Riding and Horsemanship?

_____

_____

Please list any previous volunteer experiences with persons with disabilities.

_____

_____

Have you ever been charged with or convicted of a crime? _____ Yes _____ No
If yes, please explain: _____

_____

Release of Liability

As a volunteer with Cincinnati Therapeutic Riding and Horsemanship, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel the possible benefits to myself and the riders I work with, are greater than the risk 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 Cincinnati Therapeutic Riding and Horsemanship, its Board of Directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in Cincinnati Therapeutic Riding and Horsemanship.

I understand that some of the inherent risks in equine activity include, but are not limited to:

A. The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
B. The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
C. Hazards, including, but not limited to, surface and subsurface conditions;
D. A collision with another equine, another animal, a person, or an object;
E. The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I agree that I have been given sufficient time to read, understand and ask questions, if any, concerning the nature and scope of the Release of Liability.

_____ _____

Date Participant

_____

Parent/Guardian/Caregiver (if participant is a minor)

Photo Release: I do_____ I do not_____ consent to and authorize the use and reproduction by Cincinnati Therapeutic Riding and Horsemanship of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

_____ _____

Date Signature of Volunteer/Parent/Guardian/Caregiver