



# VALLEY THERAPEUTIC EQUESTRIAN ASSOCIATION

## VOLUNTEER LIABILITY RELEASE

As a volunteer with Valley therapeutic Equestrian Association, located at 3330 – 256<sup>th</sup> St., Aldergrove, BC, I acknowledge the risks and potential for risks of a horseback program. However, I feel that the possible benefits to myself and the clients 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 Valley Therapeutic Equestrian Association, its Board of Directors, Instructors, Therapists, Volunteers and/or Employees and the landlord of the property for any and all injuries and/or losses I may sustain while using horses and participating in the therapeutic riding program of Valley Therapeutic Riding Association.

Name (please print) \_\_\_\_\_

X Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

## **VOLUNTEERS STANDARDS OF CONFIDENTIALITY**

I, \_\_\_\_\_ RECOGNIZE THAT MY ROLE AS VOLUNTEER WITH Valley Therapeutic Equestrian Association will entitle me to certain information about riders which should be treated as confidential.

At no time will I discuss any information about riders with other parents or any other individuals. I recognize that all material and papers pertaining to the rider's care are legal documents and that all information contained therein is confidential.

X Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

## **IN CASE OF EMERGENCY**

In case of emergency, I give permission to Valley Therapeutic Equestrian Association to secure medical treatment including x-rays, surgery, hospitalization and medication.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

Emergency Contact Person and Phone# \_\_\_\_\_

Care Card Number \_\_\_\_\_

Physician/Phone# \_\_\_\_\_

## **PHOTO RELEASE CONSENT**

I consent to and authorize the use and reproduction by Valley Therapeutic Equestrian Association of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

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

Witness \_\_\_\_\_ Date \_\_\_\_\_