



LTRA VOLUNTEER REGISTRATION

NAME: _____ Birth Date _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

PHONE: (W) _____ (H) _____ (C) _____

EMAIL: _____

Have you ever worked with special needs individuals? Yes No

Do you have any experience with horses? (Brief description) Yes No

When are you available to Help?

Mornings

Afternoons

Evenings

How did you hear about the Lethbridge Therapeutic Riding Association?

LIABILITY RELEASE

As a volunteer with the Lethbridge Therapeutic Riding Association, I acknowledge the risks of your horseback-riding program. I hereby, waive and release forever, all claims for damages against the Lethbridge Therapeutic Riding Association, its Board of Directors, Instructors, Therapists, Volunteers and Employees for any injuries and/or losses I may sustain while participating at the Lethbridge Therapeutic Riding Association.

DATE: _____ Signature: _____

Witness name: _____ Signature _____

If under 18 this release must be signed by a parent or legal guardian.

PHOTO RELEASE

I consent to authorize the use and reproduction by Lethbridge Therapeutic Riding Association of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other benefit of the program

DATE: _____ SIGNATURE: _____

If under 18 this release must be signed by a parent or legal guardian.

STANDARDS OF CONFIDENTIALITY

I, _____, recognize that my role as a volunteer with the Lethbridge Therapeutic Riding Association will entitle me to certain information about the riders which should be treated as confidential. All information given to me by a parent/instructor/rider in relation to a rider will be discussed only with the personnel of the Lethbridge Therapeutic Riding Association. At no time will I discuss any information about the riders with other parents or 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.

DATE: _____ SIGNATURE: _____

Lethbridge Therapeutic Riding Association requires that all volunteers must have a Criminal Record Check that includes the Vulnerable Sector Search. This is for both the safety and protection of the clients, staff, and volunteers. The individual volunteer must complete and present an application form to the Police Station under whose jurisdiction they live to obtain the criminal record check, together with a letter from Lethbridge Therapeutic Riding Association.

EMERGENCY CONTACT:

NAME: _____

RELATION: _____

PHONE: (w) _____ (h) _____ (c) _____