



## Kingston Area Riding Assisted Therapy

### Volunteer Registration:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_ CPIC (check): \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In the case of an emergency, I give permission to K.A.R.A.T. and/or Corner Stone Farm to secure medical treatment including X-Ray, surgery, hospitalization, and medication.

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

Witness: \_\_\_\_\_

### Volunteer Liability Release:

As a volunteer with K.A.R.A.T. at Corner Stone Farm, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with are greater than the risks 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 K.A.R.A.T., its Board of Directors, Instructors, Therapists, Volunteers, and/or Employees, and Corner Stone Farm for any and all injuries and/or losses I may sustain while participating in K.A.R.A.T.

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

Witness: \_\_\_\_\_



## Kingston Area Riding Assisted Therapy

**Please give a detailed description of previous horse experience:**

CHA level 1 in both English and western \_\_\_\_\_

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**Please give a detailed description of previous experience with people who have a learning disability or a therapy program:**

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### **Photo Release:**

I consent to authorize the use and reproduction by K.A.R.A.T. 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 K.A.R.A.T. program.

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

Witness: \_\_\_\_\_

### **Volunteer Standards of Confidentiality:**

I, \_\_\_\_\_, recognize that my role as a volunteer with K.A.R.A.T. will entitle me to certain information about riders which should be treated as confidential. All information given to me by a parent/guardian/instructor/rider in relation to a rider will be discussed only with the personnel of K.A.R.A.T.

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.

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

Witness: \_\_\_\_\_