



**VOLUNTEER AGREEMENT AND LIABILITY RELEASE**

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

Address: \_\_\_\_\_ #1 Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ #2 Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**EMERGENCY CONTACT(S)** (2nd contact optional)

Name (Spouse, Parent/Guardian, Other) #1 \_\_\_\_\_ #2 \_\_\_\_\_

Primary Contact Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

Secondary Contact Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

**LIABILITY RELEASE:** I, \_\_\_\_\_

In consideration of being accepted into Triangle Therapeutic Riding Inc., or any other activity at Triangle, understand that horses are unpredictable by nature and I voluntarily assume the risks and dangers involved. I hereby, intending to be legally bound, for myself, my heirs, executors and administrators, waive and release all claims for damages I may have against Triangle Therapeutic Riding, Inc., it's Officers, Owners, Instructors, Volunteers, Riders, and or Employees for any and all injuries and or losses.

I consent to any medical, dental, or surgical treatment or procedure of an emergency nature that is reasonably necessary to save the life or restore to health, of the person named above. I understand that should emergency medical treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future payment of incurred bills.

I have been advised that I should wear long pants and hard shoes or boots in and around the stables, and while working with and around the horses, so as to help prevent horse related injuries.

**INSURANCE INFORMATION** (required)

I carry accident/medical insurance : \_\_\_yes \_\_\_no

Insurance Co: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Policyholder: \_\_\_\_\_ Member #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

**PHOTO RELEASE (Initial one)**

|         |                |   |
|---------|----------------|---|
| Consent | Do Not Consent | I (the volunteer, student rider/or guardian) hereby authorize the use and reproduction by Triangle Therapeutic Riding Inc., of any and all photographs taken of he/she, for the promotional printed material, teaching seminars, etc. |
|---------|----------------|---|

**VOLUNTEER CONFIDENTIALITY AGREEMENT**

I understand that all information written and verbal about participants at this Triangle Therapeutic Riding Inc. is confidential and will not be shared with anyone without the written consent of the participant and their parent/guardian in the case of a minor.

SIGNED: \_\_\_\_\_  
(volunteer, parent or guardian if minor)

DATE: \_\_\_\_\_