

### **GENERAL INFORMATION**

Name:		Date:			
Phone:	Alternate#:	E-mail:			
Address:					
School/Employer:					
Phone:	Phone: E-mail:				
Phone:	E-mail:	Alternate#:			
Address (if differ	rent than above):				
HEALTH HISTOP Please describe your current program. Address fitness, car	<b>RY</b> health status, particularly regarding th	Date: Recent Medical Tests: e physical emotional demands of working in an equine assisted on, recent surgeries, hospitalizations or life changes.			
Medications:					
Check areas of interest	t:				
Program Horse handling Sidewalking Facility repairs	<u>Special Events</u> Horse shows Fundraising Clinics	<u>Administration</u> Public Relations Grant writing Volunteer recruitment			
		ccurate to the best of my knowledge. I know of no apeutic Riding Center's activities.			
Signature:		Date:			
(signed by par	ent or guardian if minor in presence o	f center staff)			

1	Volunteer/Staff Informat	ion	ŀ	Page 2
Name:		Date of Birth:		
Address:				
Phone: e-mail:		Alternate Phone:		
BACKGROU	ND INFORMATION			
Have you ever	been charged with or convicted of a cr	ime?	Y N	Please Explain
enforcement agency, permitted by state an including but not limi I understand that such NOT authorize the E	, authorize the Buffalo Therapeutic F including police departments and sheriff's departments d federal laws, pertaining to any conviction I may have ted to convictions for crimes committed upon children or a h access is for the purpose of considering my application Buffalo Therapeutic Riding Center, its directors, officers by to any other group, agency, organization or corporation.	s of this sta had for viola nimals. n as a staff n	te or feder ations of st nember or	ral government, to the extent tate and federal criminal laws, volunteer, and I expressly DO
Signature:	(signed by parent or guardian if minor)			Date:
	(signed by parent or guardian if minor) License Y N License #:			State:
рното/а I DO	UDI-VISUAL RELEASE			
Consent to and CENTER and the promotional mat	<b>NOT</b> authorize the use and reproduction by the he staff of any and all photographs and an terial, educational activities, exhibition or cility or the staff.	y other a	udio/vis	ual materials taken for
Signature:	(Parent or Guardian if minor)	Da	ate:	
CONFIDE	NTIALITY AGREEMENT			
	hat all information (written and verba	l) about	partici	pants at the Buffalo
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I understand that all information (written and verbal) about participants at the Buffalo Therapeutic Riding Center is confidential and will NOT be shared with anyone without the express written consent of the participant's parent or guardian.

Signature:	Date:
Signature of Parent or Guardian:	Date:



### **Authorization for Emergency Medical Treatment**

	Participant	Staff	Volunteer		
Name:		DOB:	Phone:		
Address:					
Physician's Name:		Preferred Medical Facility:			
Health Insurance Company:_	Policy #:				
Allergies to Medications:					
Current Medications:					
<b>Emergency Contacts:</b>					
Name:		Relation:	Phone:		
Name:		Relation:	Phone:		
Name:		Relation:	Phone:		

#### **CONSENT PLAN**

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 The Buffalo Therapeutic Riding Center to:

1. Secure and retain medical treatment and transportation if needed.

2. Release client information on request to the authorized individual or agency involved in the medical treatment.

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

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

Signature\_\_\_

(Parent or Legal Guardian if minor)

#### **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 on the property of the agency. In the event emergency medical treatment/aid is required, I wish the following procedures to take place:

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

Signature\_\_\_

(Parent or Legal Guardian if minor)



### **RELEASE**

In consideration of taking lessons, riding horses, and using the facilities at The Buffalo Therapeutic Riding Center / the Buffalo Equestrian Center, Inc., I, individually, and/or as parent /guardian of the below named minor(s), do hereby consent to assume all risks in connection with such lessons, horseback riding, and use of facilities, and agree to waive, release, and discharge The Buffalo Therapeutic Riding Center / The Buffalo Equestrian Center, Inc., its officers, employees, and members, from any and all liability, claims, and actions whatsoever for damages or injury (including fatality) to me and/or said minor(s) by reason of such lessons, horseback riding or use of facilities or otherwise. I further agree to indemnify and hold harmless The Buffalo Therapeutic Riding Center / the Buffalo Equestrian Center, Inc. against any loss or damage which it may sustain in consequence of my use or said minor's use of the horses and facilities and no agreement, either verbal or written, will in a any manner affect this release, which shall be binding upon the heirs, executors and administrators of myself and/or of the said minor(s) listed hereon.

Notarized

Individually and/or parent/guardian of the following minors

Date