



Graz'n Acres Therapeutic Riding Center

REGISTRATION FORM

Volunteer  Employee

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

**General Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer/School: \_\_\_\_\_

Parent/Guardian/Caregiver (if under age of 18) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you learn about the Graz'n Acres Therapeutic Riding Center? \_\_\_\_\_

Volunteers – Please check which areas you are interested in:

**Program Volunteer**

- Leading a horse
- Sidewalking with a student
- Stable Management
- Facility Repairs

**Administration**

- Public Relations / Fundraising
- Volunteer Recruitment
- Photography / Video
- Newsletter

**Friends of the Center**

- Membership
- Grant Writing

**Health Information**

Please describe your current health status, particularly regarding physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone/joint function, recent surgeries/hospitalizations, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_  
Volunteer (or Employee) Signature:

\_\_\_\_\_  
Parent/Guardian (if minor under age of 18)

## Background Information

Have you ever been charged or convicted of a crime?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, authorize Graz'n Acres Therapeutic Riding Center to receive information from any law enforcement agency, including, but not limited to, police department's and sheriff department's of this state and any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including, but not limited to, convictions for crimes committed upon children or animals.

In respect to Graz'n Acres Therapeutic Riding Center's Confidentiality Policy, I understand that such access is for purposes of considering my application as a Volunteer (or Employee), and that I expressly DO NOT authorize Graz'n Acres Therapeutic Riding Center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Social Security Number: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Volunteer (or Employee)

\_\_\_\_\_  
Parent/Guardian (if volunteer is under 18)

All applicants over the age of may be subjected to a criminal background check before they begin their service as a volunteer or employee to Graz'n Acres TRC. Graz'n Acres TRC reserves the right to reject applicants who have been convicted of crimes involving violence, alcohol, theft and any other crime we feel poses risk to our participants, employees and/or horses. Likewise, Graz'n Acres TRC has the right to reject applicants who refuse to cooperate in a criminal records check. Inquiries included Social Security number verification, as well as information from the National Crime File which includes state criminal records, prison parole and release files and sex offender registries. All information is kept strictly confidential and allows Graz'n Acres TRC to locate the best qualified volunteers (and employees). Graz'n Acres TRC does not discriminate based on race, color, creed, sex, national origin or religion. All lesson volunteers must be at least 14 years of age in compliance with the PATH Intl. Centers Standards, of which Graz'n Acres is a "Premier Accredited Therapeutic Riding and Driving Center".

**GRAZ'N ACRES THERAPEUTIC RIDING CENTER**  
**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Volunteer    Employee

In the event emergency medical aid/treatment is required due to illness or injury during the course of Volunteering with the Graz'n Acres Therapeutic Riding Center, either on said center site or with an off-site activity and/or competition, I, \_\_\_\_\_, hereby authorize the Graz'n Acres Therapeutic Riding Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release all relevant records upon request to the authorized individual or agency involved in the medical emergency treatment.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**IN THE EVENT I AM UNCONSCIOUS AND UNABLE TO ACT FOR MYSELF, PLEASE CONTACT**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ (Must be Parent/Guardian if under the age of 18)  
Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Medical Facility: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Health Insurance Co.: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

In an effort to provide the best care possible, please indicate below if any of the following apply:

- Recent medical tests: \_\_\_\_\_ Tetanus Shot \_\_\_\_\_ Flu Shot \_\_\_\_\_ Tuberculosis Test  
(You may consult your physician or local health department if you want or need these tests)
- I am allergic to the following: \_\_\_\_\_
- I have the following ongoing medical conditions: \_\_\_\_\_
- \_\_\_\_\_
- I have been treated recently for the following physical/mental condition: \_\_\_\_\_

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

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Volunteer (or Employee)

Consent Signature: \_\_\_\_\_  
Parent / Guardian (if minor under the age of 18)

**NON-CONSENT FOR MEDICAL TREATMENT AUTHORIZATION**

I, \_\_\_\_\_, **DO NOT** give my consent for emergency medical treatment/aid in the case of illness or injury during the course of volunteering or while being on the premises of the Graz'n Acres Therapeutic Riding Center. I fully release the center and/or its representatives for any injuries/losses I may incur as a result of this non-consent. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Volunteer (or Employee)

Signature: \_\_\_\_\_  
Parent/Guardian (if minor under the age of 18)

# GRAZ'N ACRES THERAPEUTIC RIDING CENTER

## LIABILITY RELEASE

Volunteer    Employee

I, \_\_\_\_\_, would like to Volunteer (or work) at the  
(Print Name of Volunteer or Employee)

**Graz'n Acres Therapeutic Riding Center's** programs/facility. I acknowledge and understand the risks and the potential for risks of an equine assisted program. However, I feel the possible benefits to myself/minor child 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 the **Graz'n Acres Therapeutic Riding Center, Graz'n Acres Farm**, its board of directors, owners, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while volunteering (or working) at the **Graz'n Acres Therapeutic Riding Center**.

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

Signature: \_\_\_\_\_  
Volunteer or Employee

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature: \_\_\_\_\_  
Parent/Guardian (if minor under the age of 18)

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

City/State/Zip: \_\_\_\_\_

## PHOTO RELEASE

**I DO** consent to and authorize the **Graz'n Acres Therapeutic Riding Center** to take or have taken still and/or moving photographs, films and/or television pictures, and consent and authorize **Graz'n Acres**, and/or its advertising agencies, news media and any other persons associated with the **Graz'n Acres Therapeutic Riding Center**, to use and reproduce the photographs, films, and/or pictures and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books, and/or clinical materials. With respect to the foregoing matters, no inducements or promises have been made to us to secure my signature to this release other than the intention of the **Graz'n Acres Therapeutic Riding Center** to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding the center and its work.

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

Signature: \_\_\_\_\_  
Volunteer or Employee

Signature: \_\_\_\_\_  
Parent/Guardian (if minor under the age of 18)

**I DO NOT**, for reasons I am not obligated to disclose, give consent for photographs, either still or moving, or any television or news media, to be taken of myself by the **Graz'n Acres Therapeutic Riding Center** or any persons working on behalf of said center. I understand a Red Dot will be placed on the sign-in sheet to reflect photographs, etc. are not allowed.

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

Signature: \_\_\_\_\_  
Volunteer or Employee

Signature: \_\_\_\_\_  
Parent/ Guardian (if minor under the age of 18)

## **GRAZ'N ACRES THERAPEUTIC RIDING CENTER CONFIDENTIALITY POLICY**

*Due to the nature of therapeutic equine assisted activities, it is the policy of the Graz 'n Acres Therapeutic Riding Center that any and all information pertaining to our riders, their family, and volunteers shall remain privileged and confidential. This information may include, but is not limited to, any medical, social, referral, personal, and/or financial information that may be disclosed as a result of participation at the center.*

*Disclosure of any confidential information shall not be released to anyone not associated with Graz 'n Acres. Discussions involving any participant shall be limited to progress reports, appropriate mounted and unmounted safety guidelines and any other guidelines the instructor may deem appropriate in each situation. Volunteers will be given information concerning students on a "need to know" basis and in keeping with the confidential nature of our participant's records. Each participant shall be assured of record confidentiality and as such, only authorized staff will have access to secure records location. Volunteers are not permitted to discuss participants with other volunteers, their parents or guardians, other instructors, friends, etc., outside of the center.*

*Interviews or other forms of public discussions with any public relations media; either through television, radio, face book, twitter or any other type of publications is strictly prohibited by any volunteer. All such matters should be directed to the Executive Director for appropriate action.*

*Since our intentions are to safeguard our participants, this policy is designed to ensure that the privacy of our participants, their families, and volunteers is protected. Sensitive medical, psychiatric, psychological and/or personal information may be detrimental if released to those outside of the Graz 'n Acres center. Such a breach of confidentiality may also constitute grounds for legal action.*

*Failure to adhere to the Graz 'n Acres Therapeutic Riding Center confidentiality policy by any staff or volunteer may result in the termination of service with the center and corrective actions taken.*

*I, \_\_\_\_\_, agree to uphold the confidentiality policy as stated above.*

\_\_\_\_\_  
*Volunteer (or Employee) Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian  
(if minor under age of 18)*

\_\_\_\_\_  
*Date*