



THERAPEUTIC RIDING VOLUNTEER APPLICATION/WAIVER

CONFIDENTIALITY AGREEMENT:

By signing below, I confirm that I understand that all information (written or verbal) about participants at The Stables at Le Bocage is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

GENERAL INFORMATION:

Received: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ DOB: _____

Employer/School: _____

Address: _____

Email: _____

Parent/Legal Guardian/Caregiver Name/Address/Phone Number: _____

How did you learn about the program? _____

Recent medical tests: _____ Last Tetanus Shot: _____ TB Test + --- Date: _____

(Consult your physician or local health department if you are not up to date with these shots/tests.)

HEALTH HISTORY

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

Allergies: _____

Medications: _____

Check areas in which you are interested:

- | Program | <u>Special Events</u> |
|--|--------------------------------------|
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> Horse Show |
| <input type="checkbox"/> Sidewalking with a Student | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Facility Repairs Administration | |
| <input type="checkbox"/> Public Relations | |
| <input type="checkbox"/> Grant Writing | |
| <input type="checkbox"/> Newsletter | |
| <input type="checkbox"/> Volunteer Recruitment | |
| <input type="checkbox"/> Photography/Video | |

PHOTO RELEASE:

By signing below, I do/ do not consent to and authorize the use and reproduction by The Stables at Le Bocage of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

BACKGROUND INFORMATION:

Have you ever been charged with or convicted of a crime? Y / N

If yes, please If please explain:

By signing below, I confirm that I, _____, authorize The Stables at Le Bocage to receive information from any law enforcement agency, including police departments and sheriff departments, of this state or 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.

CURRENT DRIVER'S LICENSE: Y N License No. _____ State _____

WARNING:

Under Louisiana Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities pursuant to R.S. 9:2795.3.

NOTE: All participants, volunteers, and personnel are required to wear protective headgear while mounted. This headgear must be an ASTM-SEI approved helmet, an alternative helmet that meets the PATH guidelines for Alternative Helmet Use may be used (See, Guidelines found in the Standards manual, page ____).

ACKNOWLEDGMENT:

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this Center's therapeutic program. I have received and understand the list of volunteer requirements. I accept the responsibility of adhering to these requirements.

Signature: _____ Date: _____

Witness: _____ Witness: _____

Print Name: _____ Print Name: _____