



Parkland Therapeutic Riding Association

Yorkton, Saskatchewan

VOLUNTEER REGISTRATION

CONTACT INFORMATION

Name: _____ Date of Birth if under 18: _____

Home Address: _____ City: _____

Postal Code: _____ email: _____

Phone: (Home) _____ Work : _____ Cell: _____

In Case of Emergency:

Name: _____ Relationship: _____

Address: _____ City/Prov: _____

Phone: (Home) _____ Work: _____ Cell: _____

Physician: _____

Phone: _____ Cell/fax: _____

In case of emergency, I give permission to the Parkland Therapeutic Riding Association to secure medical treatment including X-ray, surgery, hospitalization and medication.

P.T.R.A., Dr. GARTH BODE & KAREN NORDIN LIABILITY RELEASE

*As a volunteer with the **Parkland Therapeutic Riding Association** program at **Dr. Garth Bode's and Karen Nordin's 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 risk 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 **Parkland Therapeutic Riding Association**, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees and **Dr. Garth Bode and Karen Nordin** for any all injuries and/or losses I may sustain while participating in the **Parkland Therapeutic Riding Association** program at **Dr. Garth Bode's and Karen Nordin's farm**.*

Date: _____ Signature: _____

Witness: _____

P.T.R.A. PHOTO RELEASE

I consent to authorize the use and reproduction by Parkland Therapeutic Riding Association, 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 program.

P.T.R.A. VOLUNTEER STANDARDS OF CONFIDENTIALITY

I, _____ recognize that my role as volunteer with the **Parkland Therapeutic Riding Association** will entitle me to certain information about the riders which should be treated as confidential. All information given to me by a parent/instructor/rider in relation to a rider will be discussed only with the personnel of the **Parkland Therapeutic Riding Association**.

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: _____

Parent of Guardian if under 18 years of age: _____

Witness: _____