

North Fraser Therapeutic Riding Association

VOLUNTEER LIABILITY RELEASE

As a volunteer with North Fraser Therapeutic Riding Association at 12471–254th Street, Maple Ridge, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself 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 North Fraser Therapeutic Riding Association, it's Board of Directors, Instructors, Therapists, Volunteers and/or Employees and Mike and Hazel Foster, being the owners of the riding facility at 12471 – 254th Street, Maple Ridge, B.C. for any and all injuries and/or losses I may sustain while using horses and participating in the therapeutic riding program of North Fraser Therapeutic Riding Association.

X Signature _____ Date _____

Witness _____ Date _____

VOLUNTEERS STANDARDS OF CONFIDENTIALITY

I, _____ recognize that my role as a volunteer with North Fraser Therapeutic Riding Association will entitle me to certain information about riders which should be treated as confidential.

As no time will I discuss any information about riders with other parents or any other individuals. I recognize that all materiel and papers pertaining to the rider's care are legal documents and that all information contained therein is confidential.

X _____ Date: _____

IN CASE OF EMERGENCY

In case of emergency, I _____ give permission to North Fraser Therapeutic Riding Association to secure medical treatment including x-rays, surgery, hospitalization and medication.

My emergency contact person is:

Name: _____

Phone#: _____

My Care Card Number: _____

My Physician Name & Phone# _____

PHOTO RELEASE CONSENT

I consent to authorize the use and reproduction by North Fraser 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.

X _____ Date: _____