



Volunteer Information Form

Date: _____

Name: _____ Phone: _____

Street Address:

E-mail Address: _____

Shirt Size: _____

Brief summary of your experience with horses:

Brief summary of your experience with people with special needs:

Days I'm Available: *(circle all days you are available)*

Monday

Tuesday

Wednesday

Thursday

Friday

Preferred Times on Days I'm Available: *(i.e.: morning, late morning, early afternoon, late afternoon)*



PHOTO RELEASE & CONFIDENTIALITY AGREEMENT

PHOTO RELEASE:

PHOTOGRAPHY/AUDIOVISUAL RELEASE

I DO ☐ DO NOT ☐

Consent to and authorize the use and reproduction by The Jean Kvamme Center for Adaptive Riding (JKC) of any and all photographs and any other audio/visual materials taken of participant for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature: _____

Date: _____

(Parent/Guardian if under 18)

CONFIDENTIALITY AGREEMENT:

The Jean Kvamme Center for Adaptive Riding (JKC) has a policy to maintain confidentiality of participants.

By signing this form, you agree to abide by the confidentiality policy. This policy is in place to protect the confidentiality of The Jean Kvamme Center for Adaptive Riding participant and their activities at JKC.

Use discretion, and do not use individual identifiers (e.g., participant name) when talking about the participants. Be certain that if you are writing an article, producing a school project, or exposing the participant in *any* way to the public that you have permission from the participant and their parents/guardian (if the student is a minor). This especially applies if you would like to use *any* individual identifiers.

Signature: _____ Date: _____

(Parent/Guardian if under 18)



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

____ Participant ____ Staff ____ Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____

Preferred Medical Facility _____

Health Insurance Co. _____ Policy #: _____

Allergies to any medications: _____

Current Medications (prescription
& over the counter): _____

In the event of an emergency please contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event that 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 Jean Kvamme Center for Adaptive Riding** to: (1) Secure and retain medical treatment and transportation if needed, and (2) Release client records upon request to the authorized individual or agency involved in medical emergency treatment.

Consent plan: This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) above cannot be reached:

Date: _____ Consent Signature: _____
(participant, parent, or legal guardian)

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

Date: _____ Consent Signature: _____
(participant, parent, or legal guardian)



Volunteer and Staff Dress and Behavior Guidelines

The following guidelines are intended to maintain safety for our volunteers and participants, as well as project a professional presence to our clients and guests. The guidelines are not an exhaustive list. The Jean Kvamme Center for Adaptive Riding (JKC) management reserves the right to address any dress code concerns deemed inappropriate.

- Protect our students' right to privacy by avoiding discussing JKC students in the hearing of other students and/or visitors, and when not at the center. Refrain from answering questions about students that reveal personally identifying information, or special needs.
- Hard-soled boots with a low heel are preferred. Sneakers with heavy tread are acceptable.
- Open-toed shoes, sandals and slip-on shoes are not permitted.
- Dress appropriate for the weather. Utilizing layers is a good choice, as conditions may change.
- Refrain from wearing activity-inappropriate or revealing clothing such as midriff bearing t-shirts, short shorts, skirts or dresses. Long pants are recommended around horses.
- Volunteers are issued blue JKC t-shirts, which are encouraged to be worn during your scheduled volunteering hour(s).
- No dangling jewelry.
- No inappropriate tattoos.

REMEMBER: Whenever you are wearing JKC gear (i.e. shirts with a JKC logo, etc.), you are an ambassador of our program. Your behavior is a reflection of the JKC.

Please sign below indicating you have read, understand and accept these guidelines:

Signature: _____ Printed Name: _____ Date: _____



RELEASE OF LIABILITY AGREEMENT

Name: _____ Phone: _____

E-Mail Address: _____

Assumption of Risk while at The Jean Kvamme Center for Adaptive Riding (JKC):

Horseback riding is classified as a *Rugged Adventure Recreational Sport Activity* and there are numerous obvious and non-obvious inherent risks always present in and around such activity despite all safety precautions. I am aware that horseback riding and participation in activities involving horses are hazardous and I acknowledge the unpredictable nature of horses and the risk of injury to myself and/or minor children or charges in my care. Such activities and use of the facilities include:

1. Walking upon the land
2. Viewing horses boarded in or wandering about the land
3. Viewing the physical facilities
4. Boarding horses in the facilities provided by JKC
5. Caring for horses whether owned by the Undersigned or someone else, at or about the facilities
6. Horseback riding and all things incident before and after
7. Using the bathroom facilities
8. Parking vehicles on the land
9. Driving vehicles on the land
10. Other activities, which the user may engage in at JKC

Knowing these facts, I agree to participate in and/or observe such activities and assume full responsibility for injury, death, loss of personal property and expenses for myself and/or my minor children or persons in my legal guardianship or conservator care. I hereby waive, release, and discharge The Jean Kvamme Center for Adaptive Riding (JKC) and Lichen Oaks, LLC and their representatives from any and all right, claim, or liability for damages and/or injuries as a result of or arising out of my participation in or observing of these activities.

Knowing and Voluntary Execution

I have carefully read this agreement and fully understand its contents; I am aware that this is a release of liability and a contract between myself and JKC and/or its members, officers, agents, employees, and affiliated organizations or entities and sign it of my own free will.

Signature: _____

Date: _____

A parent, legal guardian or conservator must sign the following liability release for each child or other person in their care as they participate in or observe JKC activities:

I, the undersigned, parent, legal guardian or conservator of _____ for and in consideration of my child's or my charge's participation at JKC, state that I have read the waiver, release, and hold harmless agreement written above and I agree that the terms and conditions of said agreement shall apply to and be binding upon me and my minor child or charge as it pertains to any injury or damage said minor child or charge may sustain as a result of participation.

Signature: _____

Date: _____

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