Back Bay Therapeutic Riding Club Inc.

20262 Cypress Ave. Newport Beach, CA 92660

949-474-7329   www.backbaytrc.org

VOLUNTEER APPLICATION

Name:_____ Date:_____

Address:_____ (H) Phone:_____

City: _____ Zip: _____ (W) Phone:_____

Cell Phone:_____ E-mail:_____

Date of Birth:_____ Occupation:_____

Volunteer Position Desired:_____

In case of emergency, please contact: Name:_____

Phone: _____ Relationship: _____

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RELEASE AND HOLD HARMLESS AGREEMENT

The program at the **BACK BAY THERAPEUTIC RIDING CLUB, INC.,** provides therapeutic horseback riding for disabled children and adults. Volunteers and horses are carefully selected and trained and safety equipment is required for all riders since horseback riding is a risk exercise.

No student will be accepted for riding instruction and no volunteer accepted for service until this form has been **READ, UNDERSTOOD, COMPLETED AND SIGNED** by the parent(s) or guardian(s) of a minor, or if the student or volunteer is of legal age and sound mind, by the student or volunteer.

Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding and working around horses. This includes bodily injury from horseback riding or being in close proximity to horses. Among other risks, both horse and rider can be injured in normal use or in competition and schooling. In order to provide this valuable service, **the BACK BAY THERAPEUTIC RIDING CLUB, INC. or any of the organizations or persons connected with the above named facility can accept NO LIABILITY**.

IN CONSIDERATION, for the privilege of riding and/or working around horses at the **BACK BAY THERAPEUTIC RIDING CLUB, INC.,** the undersigned, as self, or as parent(s) or guardian(s) of the undersigned minor, jointly and severally, do hereby agree to release, hold harmless and indemnify the **BACK BAY THERAPEUTIC RIDING CLUB, INC.,** its officers, directors, trustees, agents, employees, representatives, successors and assigns, from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorneys fees, which the undersigned or said minor may now or in the future have against the **BACK BAY THERAPEUTIC RIDING CLUB, INC.,** its officers, directors, trustees, agents, employees, representatives, successors and assigns, on account of any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to acts or incidents occurring at or relating to the **BACK BAY THERAPEUTIC RIDING CLUB, INC.,** its officers, directors, trustees, agents, employees, representatives, successors or assigns, including but not limited to their negligence or gross negligence in rendering the services described above or in anyway incidental thereto.

DATE_____PARTICIPANT NAME (Print)_____

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE_____

PRINT PARENT/GUARDIAN NAME (if applicable)_____

RELATIONSHIP TO PARTICIPANT (if applicable)_____

ADDRESS_____

CITY_____STATE _____ ZIP_____

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CONFIDENTIALITY AGREEMENT/PHOTO RELEASE

PRINT PARTICIPANT NAME _____

PRINT PARENT/GUARDIAN NAME (IF APPLICABLE) _____

ADDRESS _____

CITY _____STATE _____ ZIP CODE _____

CONFIDENTIALITY AGREEMENT

I agree to respect and observe privacy and confidentiality of the participants of the **BACK BAY THERAPEUTIC RIDING CLUB, INC.,** and not discuss or disclose any sensitive information about any person or their family.

SIGNED _____ DATE _____

RELATIONSHIP TO PARTICIPANT _____

PHOTO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to the **BACK BAY THERAPEUTIC RIDING CLUB, INC.,** permission to take or have taken still and moving photographs and films, including television pictures, of my/our self-daughter-son-ward _____ (participant's name) and, consents and authorizes the **BACK BAY THERAPEUTIC RIDING CLUB, INC.,** to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including, but not limited to, newspapers, television media, brochures, pamphlets, instructional material, books and clinical material.

With respect to the foregoing matters, no inducements or promises have been made to me/us to secure my/our signature(s) to this release other than the intention of the **BACK BAY THERAPEUTIC RIDING CLUB, INC.** and its work.

SIGNED _____ DATE _____

RELATIONSHIP TO PARTICIPANT _____

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AUTHORIZATION FOR
EMERGENCY MEDICAL TREATMENT

PRINT PARTICIPANT NAME _____ DATE OF BIRTH _____

PRINT PARENT/GUARDIAN NAME (IF APPLICABLE) _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # (HOME) _____ (WORK) _____

IN THE EVENT I CANNOT BE REACHED:

CONTACT _____ PHONE # _____

ALTERNATE CONTACT _____ PHONE # _____

PHYSICIAN'S NAME _____ PHONE # _____

PREFERRED MEDICAL FACILITY _____ PHONE # _____

HEALTH INSURANCE CO _____ POLICY # _____

List all pertinent medical information (allergies to food or drugs, medications being taken, special medical conditions):

_____

_____

CONSENT PLAN

In the event 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 **BACK BAY THERAPEUTIC RIDING CLUB, INC.,** TO:

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

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 listed is unable to be reached.

DATE _____ CONSENT SIGNATURE _____

PRINT NAME AND RELATIONSHIP _____

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 **BACK BAY THERAPEUTIC RIDING CLUB, INC.** In the event emergency treatment/aid is required, I wish the following procedures to take place:

_____

_____

_____

DATE _____ NON-CONSENT SIGNATURE _____

PRINT NAME AND RELATIONSHIP _____