



PO Box 1148, Bridgehampton, NY 11932-1148  
631.779.2835 phone 631.779.2581 fax

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Thank you for your interest in volunteering with CTREE!

The Volunteer Registration should be completed, signed and dated. If you are under the age of 18, a parent or guardian must also sign the form. All program volunteers must be 14 years of age or older.

Please note that this form includes the following releases:

- The liability release *must* be signed and dated.
- The photograph/video release must also be signed and dated

#### **Physical fitness**

It is important for you to understand that leading a horse or acting as a sidewalker is strenuous and can include significant time jogging in variable arena footing. If you have any doubts about your ability to perform these duties for up to an hour at a time, there are several other extremely useful volunteer jobs available to you that would be less physical.

#### **Commitment to your assigned lesson time**

Our clients depend on volunteers to be there every week for their lesson. If your schedule does not permit you to make this commitment, we are very happy to place your name on our "Substitute List," so that you could fill in for an absent volunteer.

When your completed paperwork is returned to our office, we will contact you to arrange for an orientation and training session, which takes two hours. Your volunteering schedule will be worked out at that time.

Once again, welcome to CTREE! We look forward to meeting you in person in the very near future.

Sincerely,

*Karen*

Karen T. Bocksel  
Managing Director/  
Instructor

*Jill*

Jill Carney  
Program Coordinator/  
Instructor

CTREE is a 501c3 not-for-profit

visit us at [www.ctreeny.org](http://www.ctreeny.org)



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## VOLUNTEER REGISTRATION

office use only:  
orientation date: \_\_\_\_\_  
db \_\_\_ cc \_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
E-mail: \_\_\_\_\_ fax: \_\_\_\_\_  
Name of parents (if under 18): \_\_\_\_\_  
Employer/School: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Preferred method to communicate with you \_\_\_ phone \_\_\_ cell \_\_\_ text \_\_\_ email

Have you ever been convicted of a felony or misdemeanor? \_\_\_ No \_\_\_ Yes If yes, please provide details:  
\_\_\_\_\_

Would you be willing to submit to a background check? \_\_\_ No \_\_\_ Yes Drivers License # \_\_\_\_\_

### Physical Fitness

Do you have any existing medical, physical, cognitive or emotional conditions/medication/allergies we should be aware of in case of an emergency or that might limit your ability to volunteer? (e.g. behavioral issues, asthma, epilepsy, back problems, diabetes, high blood pressure, etc.)  
If yes, please explain:  
\_\_\_\_\_

*I certify that the above information is both accurate and truthful.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian if under 18 \_\_\_\_\_

### Liability Release

It is understood that, being aware of the risks and exposures to personal injury involved through equestrian activities, I hereby release Center for Therapeutic of the East End (CTREE) and Twin Oaks Farm and its employees assisting in any official capacity on their behalf, from all and every claim for damages which may occur to me or property in any connection with any lesson, clinic, practice, schooling or any work with horses on the stable grounds or away from the grounds of Twin Oaks Farm, Sagaponack, New York.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian if under 18 \_\_\_\_\_

### Photo Release

I hereby irrevocably **consent** \_\_\_ **non consent** \_\_\_ to allow Center for Therapeutic Riding of the East End to use the photograph(s) and/or video(s) of me for any purpose, and in any manner, including without limitation to print media, television, exhibition, social media, publication and any trade or advertising purpose.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian if under 18 \_\_\_\_\_

### Confidentiality Policy

As a volunteer who works with our CTREE riders, you will be given enough background information so you may be informed as to the rider's needs. The circumstances of a rider's life, condition, disability, actions or behavior are considered confidential. Under NO circumstances are you to divulge this information to anyone other than CTREE personnel.

I have read and understand CTREE's Policy of Confidentiality and agree to abide by same

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Authorization for Emergency Medical Treatment

Rider

Staff

Volunteer

Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Physician's Name, Town, Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies to medication \_\_\_\_\_

Current medications and dosage \_\_\_\_\_

Caregiver Information: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

In the event of an emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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 Twin Oaks Farm, I authorize Center for Therapeutic Riding in the East End (CTREE) to:

1. Secure and retain medical treatment and transportation if needed.
2. Release my medical, lesson records upon request to the authorized individual or agency involved in the 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 none of the persons listed above are unable to be reached.

Date \_\_\_\_\_ Consent Signature \_\_\_\_\_  
Client, Parent, or Legal Guardian

To my knowledge, the information I have given on this form is complete and accurate.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Client, Parent, or Legal Guardian

**CTREE COVID-19 LIABILITY RELEASE**

**WARNING: IMPORTANT NOTICE**

**BY SIGNING THIS AGREEMENT, YOU ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES IN CASE OF ILLNESS, INJURY, OR DEATH (collectively "Loss") ARISING OUT OF YOUR PRESENCE AT THE FACILITY SPECIFICALLY RELATED TO COVID-19 OR ANY OF ITS MUTATIONS, FORMS, DERIVATIVES, OR OTHER INFECTIOUS DISEASES (collectively "COVID-19").**

I, the undersigned, hereby enter into this Release, Waiver, Hold Harmless, Assumption of Risk, Defend, and Indemnify Agreement for Infectious Diseases Including COVID-19 Related Loss ("**Agreement**") in consideration of my, and my minor child if applicable (collectively "**I**", "**me**", or "**my**"), ability and permission to access, utilize, occupy, visit, attend, or otherwise be present on the Twin Oaks Farm, Inc. property ("**the Facility**") during and after the COVID-19 pandemic, for any reason, whether or not related to equines or equine activities.

**1. Risk of Loss/Protective Measures/No Guarantee:** By signing this Agreement, I hereby acknowledge that I have familiarized myself with the risk of Loss being present at the Facility for any reason whatsoever and the protective measures at the Facility intended to minimize my risk of exposure to COVID-19. I agree the protective measures are satisfactory and sufficient for me to accept and assume the risk of my COVID-19 exposure resulting from accessing, utilizing, occupying, visiting, attending, or otherwise being at the Facility occupied by other individuals; however, I understand and agree that Released Parties cannot guarantee: (a) the protective measures can or will prevent my exposure to COVID-19; (b) will be complied with by all individuals at the Facility; or (c) that others will not act in a negligent manner that may contribute to my Loss or contraction of COVID-19. I agree to fully comply with all protective measures required by the Facility as they now exist or may be revised from time-to-time. I accept full responsibility for my own safety and the sanitization of myself and my personal property and/or other personal property I contact at the Facility. If I am a parent or legal guardian of a minor individual at the Facility, I consent to the minor's presence at the Facility and agree to remain responsible for the minor's Loss and minor's compliance with all required protective measures.

**2. Medical Attention/Disclosure:** I understand and agree that engaging in equine activities or merely being at the Facility exposes me to inherent risks of personal injury that may require medical attention including, but not limited to, first aid and/or emergency medical care. I therefore consent to personal contact by Released Parties and/or medical personnel deemed necessary for providing for my care at the Facility and/or the hospital, even at the risk of my COVID-19 exposure. I agree to hold Released Parties harmless for such medical attention and any Loss directly or indirectly resulting therefrom. I agree that in the event I am diagnosed as infected with COVID-19, I authorize medical personnel to provide Center for Therapeutic Riding of the East End (CTREE) and Twin Oaks Farm, Inc. information regarding my Loss and treatment for contact tracing or any other purpose.

**3. Release/Hold Harmless/Defend/Indemnify:** I agree to release, hold harmless, defend, and indemnify CTREE, Twin Oaks Farm, Inc., and their respective heirs, beneficiaries, relatives, agents, successors, assigns, instructors, trainers, employees, volunteers, independent contractors, working students, assistants, sponsors, guests, visitors, members, managers, officers, directors, owners, related entities, and others acting on their behalf (collectively "**Released Parties**") from and against any liability, attorneys' fees, costs, or other Loss I may incur arising out of or in any way connected with my exposure to or contraction of COVID-19 as a direct or indirect result of my presence at the Facility whether by my negligence or the negligence or other wrong doing of Released Parties (other than gross negligence, willful and wanton, or intentional misconduct).

**WARNING**

**BEFORE SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND ALL OF THE INFORMATION CONTAINED THEREIN. I ACKNOWLEDGE THAT I DO NOT NEED ANY FURTHER EXPLANATION OF ITS CONTENTS AND WAIVE ANY FURTHER EXPLANATION. I HAVE VOLUNTARILY AGREED TO ITS TERMS AND PROVISIONS, UNDERSTAND AND AGREE THAT I HAVE OTHER FACILITIES TO CHOSE FROM, AND AGREE THAT NO OTHER STATEMENT, REPRESENTATIONS OR INDUCEMENT, APART FROM WHAT IS STATED IN THIS AGREEMENT, HAVE BEEN MADE TO ME TO OBTAIN MY CONSENT AND MY SIGNATURE.**

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Minor Participant Name: \_\_\_\_\_ Minor Volunteer Name: \_\_\_\_\_

Signature: (on my own behalf or on behalf of a minor, if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact (name and phone #): \_\_\_\_\_