

Volunteer Information

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

How did you hear about HEAL?: _____

Have you ever been charged with or convicted of a crime? Y or N (circle one)

Please explain: _____

Confidentiality Agreement

This confidentiality Agreement is made between the HorsePower Equine Assisted Learning (HEAL) Foundation (referred to as “HEAL”) and _____ (referred to as “The Volunteer”).

Please print name here

HEAL is engaged in providing Equine Assisted Learning for individuals in need of those services. The Volunteer is engaged in assisting HEAL’s staff by: preparing facilities for use and/or other activities per request by HEAL Staff. Information about HEAL’s clients may be disclosed to the Volunteers from time to time to permit them to properly employ safety measures during activities. The Volunteer agrees to protect the confidential material and information which may be disclosed between HEAL and the Volunteer. Therefore, the parties agree to the following;

- I. Confidential Information: the term “Confidential Information” means any medical information or material which is private to HEAL and/or HEAL’s client’s.
- II. Protection of Confidential Information: The Volunteer understands and acknowledges that Confidential Information is to be considered privileged information. Therefore, the Volunteer agrees to hold in confidence and to not disclose any Confidential Information to any person or entity.
- III. The Volunteer understands and will hold confidential all personal information learned of clients, staff and other volunteers.

Print Name: _____ Date: _____

Signature: _____

Release and Hold Harmless Agreement

In consideration of receiving permission from The HorsePower Equine Assisted Learning (HEAL) Foundation. (referred to as “HEAL”) to participate in and/or observe horse-related activities, or other activities per the request of HEAL staff, and in further consideration of receiving permission to enter upon the premises of HEAL property or other premises upon which HEAL business may be conducted, the undersigned and/or his/her family hereby forever release, acquit, discharge and hold harmless HEAL, as well as its officers, governors, staff, agents instructors, volunteers, contributors and any property or horse owners affiliated with HEAL of and from any and all liabilities, claims, any loss, damage, illness, injury, or death that may be sustained by any or each of the undersigned while in on or upon the premises while participating in or observing the riding lessons, activities, and/or other HEAL-related work or activities or while en route to or from these premises.

Release and Hold Harmless Agreement (continued)

The undersigned acknowledges that there are certain risks inherent in participation in equine activities including (i) the propensity of an equine to behave in dangerous ways that may result in injury to the participant; (ii) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals; (iii) the possibility of equipment failure; and (iv) hazards of surface or subsurface conditions. While HEAL makes every effort to minimize these risks, the undersigned is duly aware of these risks and hazards inherent upon participation in or observing equine activities and/or upon entering upon said premises. The undersigned also agrees to represent the potential for these hazards to others that may accompany or substitute for him/her at activities sponsored by HEAL. These persons also, by their voluntary presence, assume the same risks and agree by their presence to the same release of liability described herein.

The undersigned and all others that may accompany, represent, and/or substitute for those persons agrees to indemnify and will hold harmless HEAL, its officers, trustees, agents, instructors, volunteers, contributors, and other property and horse owners from any and all costs, charges, claims, demands, and liabilities of any kind arising either from the improper or negligent use by those listed and all that may accompany, represent, and/or substitute for those listed below of any equine, bridle, saddle, grooming tool, and/or other animal or tool or from the willful or negligent acts of said persons.

Print Name: _____ Date: _____

Signature: _____

News and Photo Release

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants permission to The HorsePower Equine Assisted Learning (HEAL) Foundation to take or have taken, still and moving photographs and films including television pictures of my daughter/son/ward/self and consents and authorizes The HorsePower Equine Assisted Learning (HEAL) Foundation, news media, and any other persons interested in the subject of equine-related activities for individuals with disabilities and its work, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including and without limiting the generality of the foregoing: websites, newspapers, television media, brochures, pamphlets, books, social media including Facebook, instructional material(s), clinical material(s), and/or other outlets and/or sources.

With respect to the foregoing matters, no inducements or promises have been made to me to secure my signature to this release other than the intention of The HorsePower Equine Assisted Learning (HEAL) Foundation to use or cause to be used such photographs, films, or pictures for the primary purpose of promoting and aiding the field of equine-related activities for individuals with disabilities and its work.

If you DO grant permission check the box, sign below, and print name and date.

Print Name: _____ DOB: _____

Signature: _____

If you DO NOT grant permission check the box, sign below, and print name and date.

Print Name: _____ DOB: _____

Signature: _____