

BAR NONE THERAPEUTIC RIDING Volunteer Registration

Name: _____ Date of birth _____

Phone number (*mobile preferred*) _____

Address: _____ Employer/School: _____

EMERGENCY CONTACT (name/mobile #) _____

Parent or legal guardian names if under 18 _____

Email Address: _____

Please describe your current health status particularly regarding the demands of participating in a therapeutic riding program. What may be some of your limitations if any? Can you walk for 30 min. at a time?	
Allergies:	Medications:

Authorization for Background check:

I _____ authorize BAR NONE to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize the center, its directors, officers, employees, or other volunteers to provide this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ **Date:** _____

Current driver's license: **Y** or **N**

License number: _____ **State:** _____

If you have ever been charged with or convicted of a crime please explain on the reverse side of this document.

PHOTO RELEASE (*circle one*)

I DO or **I DO NOT** consent to and authorize the use and reproduction by BAR NONE of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ **Date:** _____

CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) about participants at this center is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian if under 18.

Signature: _____ **Date:** _____

LIABILITY RELEASE

I, undersigned, adult volunteer, or parent or guardian of _____, would like to participate at BAR NONE's therapeutic program, (hereinafter referred to as BNTR). I acknowledge the risk and potential for risks of horseback riding. I understand the various populations served at BNTR and understand that teens participating in BNTR's Juvenile Intervention Program including adjudicated and /or troubled teens may be acting as volunteers and may be on the BNTR premises. I understand that I /my son/daughter/ward, will be working with and around horses, as well as riding horses at BNTR, however, I feel that the possible benefits to myself/son/daughter/ward are greater than the risk assumed. I the undersigned volunteer and /or parent forever release, acquit, discharge and hold harmless all claims for damages against BNTR, its board of directors, trustees, agents, instructors, therapists, employees, representatives, successors, assigns, volunteers, owners of the property on which BNTR operates, for any and all manner of claims, demands and damages of every kind or nature whatsoever, which volunteer may now or in the future have against BNTR, its board of directors, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of property on which BNTR operates, successors or assigns on account of any personal injuries and/or personal damages known or unknown.

I understand that under the *Texas Equine Liability Act (Chapter 87, Civil Practice and Remedies Code)*, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities.

Signature: _____ Date: _____

If under 18 must be signed by parent or guardian

AVAILABILITY FORM

NAME: _____

Telephone (mobile preferred): _____

Address: _____

RIDER or VOLUNTEER (circle one)

Please place an **X** in the box on the days and times you would be available to participate.

	Monday	Tuesday	Wednesday	Thursday	Friday
8-9am					
9-10					
10-11					
11-12					
12-1pm					
1-2					
2-3					
3-4					
4-5					

How often would you like to participate?

Weekly Bi-weekly Monthly Bi-monthly

Please use this space to provide any additional information about your schedule.