

**HEARTS & HOOVES  
REGISTRATION & RELEASE**

Date: \_\_\_\_\_

**ONE DAY VOLUNTEERS & VISITORS**

**ENTIRE FORM MUST BE COMPLETED**

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name (*for minors*): \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

In case of Emergency, contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:** In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize Hearts & Hooves to secure and retain medical treatment and transportation, if needed, and release information upon request to the authorized individual or agency involved in the medical emergency treatment. ***Please indicate any medical conditions and/or medication we should be aware of in the event of an emergency:*** \_\_\_\_\_

**CONSENT PLAN** (*to be invoked in the event that your Emergency Contact cannot be reached*): I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property of Hearts & Hooves.

Consent Signature: \_\_\_\_\_

*If volunteer is under 18 years of age, BOTH parent & volunteer/visitor signatures are required.*

**\*If you choose non-consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency, please request a Non-Consent Form, which requires notarization.**

**PHOTO RELEASE:** \_\_\_\_\_ I hereby consent and authorize/ \_\_\_\_\_ I do not consent to, nor do I authorize 1) Hearts & Hooves to use my (my child's) photograph or image in its print, online and video publications; 2) release Hearts & Hooves, its employees and any outside third parties from all liabilities or claims that I might assert in connection with the above-described activities and 3) waive any right to inspect, approve or receive compensation for any materials or communications, including photographs, videotapes, DVDs, website images or written materials, incorporating photos/images of me (my child).

Consent Signature: \_\_\_\_\_

*If volunteer is under 18 years of age, BOTH parent & volunteer/visitor signatures are required.*

**CONFIDENTIALITY POLICY:** At Hearts & Hooves, we place great importance on protecting the confidential information of our clients, our staff, and our volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc., as well as the non-public business records of Hearts & Hooves. In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose Confidential Information to anyone other than Hearts & Hooves staff. Volunteers must seek staff permission before taking any pictures or videos. I have read and understand Hearts & Hooves Confidentiality Policy and agree to abide by same.

Signature: \_\_\_\_\_

*If volunteer is under 18 years of age, BOTH parent & volunteer/visitor signatures are required.*

**LIABILITY RELEASE:** I acknowledge the risks and potential for risks of horseback riding, working with horses, and being in proximity to horses, including grievous bodily harm. However, I feel that the possible benefits to myself (my child/ward) are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors and administrators, waive release forever all claims for damages against Hearts & Hooves, its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or employees for any and all injuries and/or losses I or my child/ward may sustain while participating at Hearts & Hooves from whatever cause, including but not limited to the negligence of these related parties.

The undersigned acknowledges that he/she has read this in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Signature: \_\_\_\_\_

*If volunteer is under 18 years of age, BOTH parent & volunteer/visitor signatures are required.*

**Signature of Minor Volunteer/Visitor:** \_\_\_\_\_