



**Therapeutic
Equestrian
Center**
The Power of Horses

Therapeutic Equestrian Center
537 Northampton Street
Holyoke, MA 01040

**←←← Please
mail your
completed
form to our
address.**

413-532-1462

www.tecriders.org

Volunteer Information Form and Health History

General Information

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Phone: (H) _____ (W) _____

Email: _____

Employer/School: _____

Address: _____

Parent/Legal Guardian/Caregiver Name/Address/Phone Number: _____

How did you learn about the program? _____

Recent medical tests: _____ Last Tetanus Shot: _____ Tuberculosis Test + — Date: _____

(Consult your physician or local health department if you are not up to date with these shots/tests)

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies: _____

Medications: _____

Check areas in which you are interested:

Program

- Horse Handling
- Sidewalking with a Student
- Stable Management
- Facility Repairs

Special Events

- Horse Show
- Fundraising
- Special Olympics
- Trail Rides

Administration

- Public Relations
- Grant Writing
- Newsletter
- Volunteer Recruitment

- Photography/Video
- Budget & Finance
- Future Planning

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____

volunteer/staff/caregiver)

Volunteer Information Form and Health History -

Page 2

Name: _____

Photo Release

- DO
 DO NOT

consent to and authorize the use and reproduction by The Therapeutic Equestrian Center (TEC) 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: _____
Client, Parent or Legal Guardian

Liability Release

_____ (name) would like to participate in the Therapeutic Equestrian Center's program. I acknowledge the risks and potential risks of a horseback riding program. However, I feel that the benefits are greater than the risks assumed. I hereby, intending to be legally bound, waive and release forever all claims for damages against The Therapeutic Equestrian Center, its Board of Directors, Executive Director, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses sustained while participating in TEC's program. Under Massachusetts law, an equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities pursuant to *Section 2D of Chapter 128* of the General Laws.

Signature: _____ Date: _____
Client, Parent or Legal Guardian

Background Information

Have you ever been charged with or convicted of a crime? Y N if Y Please explain _____

I, _____ (volunteer/staff), authorize TEC 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 or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize the PATH center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____
volunteer/staff

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this NARHA center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____
volunteer/staff



COVID Release Form

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Therapeutic Equestrian Center, Inc. ("TEC") located at 537 Northampton St., Holyoke, MA has put in place preventative measures to reduce the spread of COVID-19. However, TEC cannot guarantee that anyone attending or participating in a therapeutic program in any capacity will not become infected with COVID-19. Further, attending or participating in therapeutic programs at TEC could increase the risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my children, dependents and I may be exposed to or infected by COVID-19 by participating in programs at TEC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at TEC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, TEC employees, volunteers, and program attendees, participants and their families, guardians, or caregivers.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury (including, but not limited to, personal injury, disability or death), illness, damage, loss, claim, liability, or expense (The Claims), of any kind, that I or my children or dependents may experience or incur in connection with attendance or participation in TEC programs. On my behalf, and on behalf of my children or dependents, I hereby release, covenant not to sue, discharge, and hold harmless TEC, its employees, agents, volunteers and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of TEC, its employees, agents, volunteers and representatives, whether a COVID-19 infection occurs before, during, or after attendance or participation in any TEC program. I understand that this is a continuing waiver and that all the above provisions apply each time my children, dependents or I enter TEC from the date below for a period of one year.

I have been vaccinated for COVID 19 YES _____ NO _____

My child or dependent (Rider) has been vaccinated for COVID 19
YES _____ NO _____

Children / Dependents:

Name: _____ Age: _____

Parent / Guardian / Caregiver/Volunteer Signature

Date: _____ Signature: _____