

# Nipper Knolls Equine Center, Inc.

## Volunteer Information, Liability Release and Health Form

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### Contact Information:

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Parent or Legal Guardian: \_\_\_\_\_ (If volunteer is under 18 years old)

### IN CASE OF EMERGENCY

Contact Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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Do you have horse experience? Please explain briefly: \_\_\_\_\_

Are you comfortable working around horses? Yes No  
Are you able to walk for 45 minutes and jog short distances in the dirt? Yes No  
Have you ever been convicted of a crime (other than minor traffic violation)? Yes No If yes; explain: \_\_\_\_\_

### Health History

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Last Tetanus shot: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_

Please describe your current health status, particularly regarding the physical/emotional demands of working in the Therapeutic Riding Program. Address any fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries.

### PHOTO RELEASE

\_\_\_\_ I hereby consent to and authorize \_\_\_\_ I do not consent to, nor authorize: 1) Nipper Knolls Equine Center, Inc. to use my (my child/ward) photograph or image in print, online and video publications. 2) Release Nipper Knolls Equine Center, Inc., its contract providers and any third party parties from all liabilities or claims that I might assert in connection with the above-described activities and 3) Waive any rights to inspect, approve or receive compensations for any materials or communications, including photographs, videotapes, DVDs website images or written materials, incorporating photos/images of me/my child/ward.

Signature/s: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent or Legal Guardian Signature (if volunteer under 18 years of age)*

### CONFIDENTIALITY POLICY:

Nipper Knolls Equine Center, Inc. places great importance on protecting the confidential information of our clients, staff and volunteers. "Confidential Information" includes, but not limited to: personal identifiable information such as surnames, telephone numbers, addresses, email etc., as well as the non-public business records of Nipper Knolls Equine Center, Inc. In particular, medical information about clients, including medical diagnosis and information about their disability or special needs, must be protected as "confidential information". Volunteers shall never disclose confidential information to anyone other than Nipper Knolls Equine Center, Inc. staff. Volunteers must seek staff permission before taking any pictures or videos. I have read and understand Nipper Knolls Equine Center's Confidentiality Policy and agree to abide by same.

Signature/s: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent or Legal Guardian, (if volunteer is under 18 years of age)*

### LIABILITY RELEASE

**New York State Equine Law states that:** *Under New York State law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities.*

I would like to participate in the Nipper Knolls Equine Center, Inc., as a volunteer. I acknowledge the risks and potential for risks of handling horses and related equine activities, including grievous bodily harm. However, I feel that the possible benefits to me are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims to damages against Nipper Knolls Equine Center, Inc., Board of Directors, its Contract Instructors, Contract Therapists, Volunteers, Employees, Stable Owner and all Stable employees and representatives, for any and all injuries and /or losses I may sustain while participating as a Nipper Knolls Equine Center, Inc. volunteer from whatever cause, including but not limited to the negligence of these related parties.

The undersigned acknowledges that he/she has read the Volunteer Information, Liability Release and Health Form 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/s: \_\_\_\_\_  
*Parent or Legal Guardian signatures (if volunteer is under 18 years of age)*

Print Name/s: \_\_\_\_\_ Date: \_\_\_\_\_

***This form is to be updated annually***