



PARD Therapeutic Riding

CONFIDENTIALITY FORM

Volunteer Standard of Confidentiality

I, _____ recognize that my role as a volunteer with PARD Therapeutic Riding will entitle me to certain information about riders which should be treated as strictly confidential. All information given to me by riders/parents/instructors in relation to a rider will be discussed only with the permission of PARD.

At no time will I discuss information about riders with other parents or any other individual. I recognize that all material and documentation pertaining to the riders' care are legal documents and that all information contained therein is confidential.

Signature

Date

**PARD Therapeutic Riding
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