



PARD Therapeutic Riding

APPLICATION TO VOLUNTEER WITH PARD THERAPEUTIC RIDING PROGRAM

Please complete the following forms;

- Volunteer Information Sheet
- Volunteer Waiver
- Confidentiality Form
- Photo Release (*voluntary*)
- **Police Check with a Vulnerable Sector Check** (if under 18 yrs old, only a Police Check).
For Peterborough Police, we have a letter so you can receive the volunteer rate & for OPP, we have a form that needs to be taken for the Vulnerable Sector Check. Please inquiry.

Once all are completed, they can be mailed to the following address or scanned and sent by email;

**PARD Therapeutic Riding
P.O. BOX 1654 PETERBOROUGH ONTARIO, K9J 7S4
705-742-6441**

pardtherapeuticriding@gmail.com



PARD Therapeutic Riding

VOLUNTEER INFORMATION SHEET

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone Home: _____ Work: _____

Cell Phone: _____

Email: _____

Date of birth: _____

Do you have experience with individuals with disabilities?

Do you have experience with horses? Much Some Little None

Occupation: _____

Other interest, talents, areas of expertise you might like to share with PARD?
(i.e. computer skills, fundraising ideas, artistic talent etc.)

Days/evenings you are available to volunteer: _____

CONTINUED



PARD Therapeutic Riding

Volunteer Information - Page 2

In case of emergency please give:

1. Names of two people to contact

Name: _____ Phone: _____

Name: _____ Phone: _____

Allergies or medical conditions we should know about (i.e. asthma, diabetes, contact lenses):

How did you hear about PARD? _____

Date volunteer commitment started: _____

Signature of volunteer: _____

Signature of Parent/Guardian (if under 18 years old) _____



PARD Therapeutic Riding

WAIVER, RELEASE, SURRENDER AND INDEMNITY BETWEEN:

PARD THERAPEUTIC RIDING, PARTY OF THE FIRST PART AND

_____, PARTY OF THE SECOND PART.
please print name of rider, volunteer and/or parent/guardian

1. ACCEPTANCE OF RISK:

The undersigned acknowledges and appreciates that horseback riding, the handling and grooming of horses and related activities are inherently dangerous and subject to risk. Notwithstanding the acknowledged risk of injury or personal harm, the undersigned and/or the child named below, wish to participate in the equestrian related activities organized and sponsored by PARD Therapeutic Riding ("PARD").

2. WAIVER AND RELEASE

FOR VALUABLE CONSIDERATION, the sufficiency of and receipt thereof is hereby acknowledged, and in consideration of the undersigned and/or the child named below being permitted to attend and/or participate in programs offered by PARD Therapeutic Riding, with and for his/her executors, administrators, successors, legal representatives and assigns (all referred to hereinafter as party of the second part) do hereby fully and forever release and discharge PARD Therapeutic Riding, PARD, its directors and officers, its agents, servants, employees, independent contractors and representatives, successors and assigns, instructors and associate instructors, owners of all horses used by PARD, Wendon Hills, (all referred to hereinafter as the party of the first part) from and against all actions, causes of actions, claims and demands of whatsoever kind or nature on account of any know or unknown injuries, losses and damage suffered by the party of the second part, caused, arising out of or in connection with the undersigned being permitted to attend at or participate in the said programs provided by PARD whether as a spectator, participant or otherwise and notwithstanding the same may have been contributed to or occasioned by the negligence of the parties of the first part.

THE party of the second part further hereby agrees not to make any claim or take any proceedings against any other person or corporation who might claim contribution or indemnity under the provisions of the Negligence Act and amendments thereto from the parties of the first part charged by this waiver and release.

CONTINUED



PARD Therapeutic Riding

page 2

3. INDEMNITY

FURTHER, the party of the second part will and shall indemnify and save harmless the parties of the first part from and against all claims, demands, losses, costs, damages, actions, suits, or other proceedings including legal costs on a solicitor-client basis by whomsoever made, brought or prosecuted in any manner based upon, occasioned or attributed to and any such injury, damage or loss as described above.

THE party of the second part hereby acknowledges that full and sufficient consideration is given for the making of this Waiver, Release, Surrender and Indemnity and does hereby forever waive any defence alleging failure of consideration, either total or partial, in any action which may hereafter be brought to enforce this Waiver, Release, Surrender and Indemnity.

THE party of the second part hereby individually and as parents and/or guardians of the child/client/volunteer named herein, acknowledge that I/We have read and agree to this Waiver, Release, Surrender and Indemnity.

signature of participant if over 18
(party of the second part)

signature of parent or legal guardian for
(party of the second part)

please print name of minor individual

Witness

Date



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

PHOTO RELEASE FORM

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant to PARD Therapeutic Riding, permission to take or have taken, still and moving photographs and film including television pictures of

please print name of volunteer

and consents and authorizes PARD Therapeutic Riding, its advertising agencies, news media and any other persons interested in PARD Therapeutic Riding, and its work, to the use and reproduction of the photographs, films and pictures to circulate and publicize the same by all means including without limit the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature to this release other than the intention of PARD Therapeutic Riding to use such photographs, films and pictures for the primary purpose of promoting and aiding its program and its work.

Signature

Date