



3 Cross Country Circle, Wilmington, VT 05363

[www.sovtrc.org](http://www.sovtrc.org)

(802) 221-4409

## **Consent & Liability Waivers**

I understand that the information provided above is accurate to the best of my knowledge. I know no reason why I should not participate in the Southern Vermont Therapeutic Riding Center's program.

Signature:

Date:

*(parent or legal guardian if volunteer is under the age of 18)*

**Photo Release:** I do ( ) or I do not ( ) consent to and authorize the use and reproduction by SVTRC of any and all photographs and any other audio/visual materials taken of me for promotional or educational material, educational activities, exhibitions, or for any other use for the benefit of the program and its participants.

Signature:

Date:

*(parent or legal guardian if volunteer is under the age of 18)*

**Background Information:** Have you ever been charged with or convicted of a crime? NO YES

If YES, explain:

I (volunteer) authorize SVTRC 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 or crimes committed upon children. I Understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize the SVTRC, it's directors, officers, employees, or other volunteers to disseminated this information in any way to any other individual, group, agency, organization, or corporation.

Signature:

Date:

*(parent or legal guardian if volunteer is under the age of 18)*

**Current Drivers License?** YES NO if YES, license #

State:

**Consent Plan and Agreement** In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize SVTRC to 1: secure and retain medical treatment and transportation as needed and 2: Release records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes, x-ray, surgery, hospitalization, medication, and any treatment deemed "life saving" by the physician. This provision will only be invoked if the emergency contact(s) provided is/are unable to be reached.

Consent Signature:

Date:

*(parent or legal guardian if volunteer is under the age of 18)*

**Liability Release** As a volunteer at SVTRC, I acknowledge the risks and potential for risks of a horseback riding program, however, I feel that the possible benefits to me and the clients with whom I work 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 for damages against SVTRC, its Board of Directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in the SVTRC program.

Consent Signature:

Date:

*(parent or legal guardian if volunteer is under the age of 18)*