



CINCINNATI THERAPEUTIC RIDING AND HORSEMANSHIP

1342 U.S. Highway 50, Milford, Ohio, 45150
Phone: 513-831-7050 / Fax: 844-716-2708 /
Email: Laura.Kursman@ctrhequinetherapy.org
www.ctrhequinetherapy.org

VOLUNTEER RENEWAL FORM 2019

Replaces the Volunteer Info/Consent and Confidentiality forms
Complete and return all 3 pages.

Volunteer's Name: _____ Date: _____

I volunteered in calendar 2018 (if you did not volunteer in 2018 you need to complete a "New Volunteer Application" and attend mandatory volunteer training.)

Phone Number (cell/home/work): _____

Email (please print clearly): _____

Home address: Street: _____

City/State/ Zip: _____

Check here if any of the above information has recently changed.

SIGNATURE: _____ **DATE:** _____
(Signature of Volunteer)

SIGNATURE: _____ **DATE:** _____
(Signature of parent/guardian if volunteer is under 18 years of age)

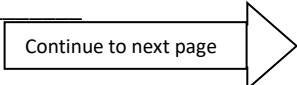
Volunteer Confidentiality Policy

It is the policy of Cincinnati Therapeutic Riding and Horsemanship to respect the privacy of riders/participants, volunteers, and personnel and hold in confidence all information obtained in the course of service. Information considered to be confidential includes all medical, familial, social, referral, personal and financial concerns regarding a participant and/or his/her family; volunteer or personnel. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family; CTRH staff, volunteer or others associated with CTRH; or inadvertently from other sources, such as but not limited to a chart, computer screen or overheard conversation. Instructors may deem it necessary to inform individuals directly associated with participant/rider medical/behavior information related to providing therapeutic riding services to the participant/rider. This information will be used solely for therapeutic riding purposes. Otherwise, information and confidences will not be disclosed to anyone, except: 1) As mandated by law; 2) To prevent a clear and immediate danger to a person or persons; 3) Where requested in a civil, criminal, or disciplinary action arising from the therapy (in which case rider/participant confidences may only be disclosed in the course of action); 4) If there is a waiver previously obtained in writing and then such information may only be revealed in accordance with the terms of the waiver; and 5) As required for accreditation reviews.

I have read and understand the CTRH confidentiality policy as described above and agree to observe its principles. I shall respect the privacy of riders/participants, volunteers, and personnel and hold in confidence all information obtained in the course of my service at CTRH. I also recognize that confidentiality and privacy requirements apply to fellow volunteers/staff members. *In addition, I understand that photographs of riders/participants are prohibited unless specific permission is given by CTRH management under PATH guidelines.*

SIGNATURE: _____ **DATE:** _____
(Signature of Volunteer)

SIGNATURE: _____ **DATE:** _____
(Signature of parent/guardian if volunteer is under 18 years of age)



Staff Use Only: Notes: _____
Received: _____



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Volunteer's Authorization for Emergency Medical Treatment: 2019

Volunteer's Name: _____ Date of birth: _____

Address: _____ City/State/Zip _____

Consent Plan:

In the event emergency medical aid/treatment is required, due to illness or injury, during the process of providing or receiving services or while being on the property of Cincinnati Therapeutic Riding and Horsemanship, I authorize Cincinnati Therapeutic Riding and Horsemanship to: (1) Secure and retain medical treatment and transportation, if needed. (2) Release records upon request to the authorized individual or agency involved in the medical emergency treatment; (3) allow for treatment including x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) below are unable to be reached.

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Allergies to medication: _____

Current Medication: _____

Person(s) to be contacted in case of an emergency:

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

SIGNATURE: _____ **DATE:** _____
(Signature of Volunteer)

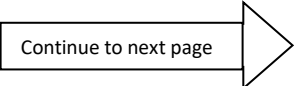
SIGNATURE: _____ **DATE:** _____
(Signature of parent/guardian if volunteer is under 18 years of age)

Non-Consent Plan:

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of providing or receiving services or while being on the property of Cincinnati Therapeutic Riding and Horsemanship. In the event emergency treatment/aid is required, I wish the following procedure to take place:

SIGNATURE: _____ **DATE:** _____
(Signature of Volunteer)

SIGNATURE: _____ **DATE:** _____
(Signature of parent/guardian if volunteer is under 18 years of age)





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Volunteer's Name: _____ Date: _____

Volunteer Release of Liability

As a volunteer with Cincinnati Therapeutic Riding and Horsemanship, I acknowledge the risks and potential for risks of horseback riding, hippotherapy and horse related activities and programs. However, I feel the possible benefits to myself and the participant(s) I work with are greater than the risk 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, known or unknown whether existing on the date of agreement or in the future, against Cincinnati Therapeutic Riding and Horsemanship, its Board of Directors, employees, instructors, therapists, volunteers equines and equine owners, for any and all injuries and/or losses I may sustain while participating in Cincinnati Therapeutic Riding and Horsemanship. I understand that some of the inherent risks in equine activity include, but are not limited to: A) The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; B) The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals; C) Hazards, including, but not limited to, surface and subsurface conditions; D) A collision with another equine, another animal, a person, or an object; E) The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I agree that I have been given sufficient time to read, understand and ask questions, if any, concerning the nature and scope of this Release of Liability; and I agree to the Release of Liability as stated above.

SIGNATURE: _____ **DATE:** _____
(Signature of Volunteer)

SIGNATURE: _____ **DATE:** _____
(Signature of parent/guardian if volunteer is under 18 years of age)

Volunteer Photo Release

I DO I DO NOT consent to and authorize the use and reproduction by Cincinnati Therapeutic Riding and Horsemanship of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibits, electronic publications (including websites) or for any other use for the benefit of the program.

SIGNATURE: _____ **DATE:** _____
(Signature of Volunteer)

SIGNATURE: _____ **DATE:** _____
(Signature of parent/guardian if volunteer is under 18 years of age)

Return all 3 pages to CTRH.

CTRH would not exist without the people who give their heart and hands to volunteer.
All that we are able to do depends on volunteers' assistance and availability.

THANK YOU!