



www.pearl-haven-ranch.com

## Pearl Haven Ranch Registration Form: VOLUNTEER

<b>VOLUNTEER</b>	NAME			
	email:		Birth date:	
	Home address:			
	Work address:			
	PHONE:	Home	Work	Cell
	Any allergies, medical issues, medications?			
<b>EMERGENCY CONTACTS</b>	Name:		Telephone:	
			Cell Phone:	
	Name:		Telephone:	
		Cell Phone:		
Physician:		Phone:		

In case of emergency, I give permission to Pearl Haven Ranch to secure on my behalf medical treatment including X-rays, surgery, hospitalization and medication.

Date: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_

Parent/Guardian Signature if Volunteer under 19: \_\_\_\_\_

### **VOLUNTEER LIABILITY RELEASE:**

As a volunteer with Pearl Haven Ranch, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients 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 against Pearl Haven Ranch, its owners, therapists, trainers, employees, volunteers, business operators, agents and site property owners, for any and all injuries and/or losses I may sustain while volunteering or riding at Pearl Haven Ranch.

Date: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_

Parent/Guardian Signature if Volunteer under 19: \_\_\_\_\_

**VOLUNTEER STANDARDS OF CONFIDENTIALITY:**

I recognize that my role as a volunteer with Pearl Haven Ranch will entitle me to certain information about riders which should be treated as confidential. All information given to me by a parent/therapist/instructor/rider in relation to a rider will be discussed only with the personnel of Pearl Haven Ranch.

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

Date: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_

Parent/Guardian Signature if Volunteer under 19: \_\_\_\_\_

**PHOTO RELEASE:**

I hereby consent to and authorize the use and reproduction by Pearl Haven Ranch of any and all photographs and/or any other audiovisual materials taken of me/my son/my daughter/my ward, for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Date: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_

Parent/Guardian Signature if Volunteer under 19: \_\_\_\_\_