

# Appalachian Therapeutic Riding Center

## Volunteer Releases

### Volunteer Liability Release

I would like to volunteer for the Appalachian Therapeutic Riding Center. As a volunteer at Appalachian Therapeutic Riding Center, I acknowledge the risks and potential for risks of equestrian activities. However, I feel that the possible benefits to myself and the participants that 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 all claims, demands and damages of every kind and nature whatsoever against Appalachian Therapeutic Riding Center, its board of directors, instructors, therapists, volunteers, employees and the leasers of the facilities where Appalachian Therapeutic Riding Center operates for any and all injuries and or losses, physical or mental, known or unknown that I may sustain while participating in the Appalachian Therapeutic Riding Center Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(participant or parent / guardian if a minor)*

Witness \_\_\_\_\_ Date \_\_\_\_\_

### Photo Release

I  DO  
 DO NOT

consent to and authorize the use and reproduction by Appalachian Therapeutic Riding Center, of any and all photographs and any other audio / visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Participant or parent/guardian if a minor*

Witness \_\_\_\_\_ Date \_\_\_\_\_

### Confidentiality Agreement

I understand the confidential nature of all records maintained by Appalachian Therapeutic Riding Center. I agree not to disclose or divulge any information contained in these records.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

### Background Information

Have you ever been charged with or convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Please provide the Names and contact information for two references

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

WARNING!: Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina Statues. 1/01