

VOLUNTEERS

LIABILITY RELEASE: I acknowledge the risks and potential for risks of horseback riding and working with horses. However, I feel that the possible benefits to me 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 damage against Dreams Go On, Inc. its Instructors, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating as a Dreams Go On, Inc. Therapeutic Riding volunteer.

DATE: ___/___/___ SIGNATURE _____

SIGNATURE OF PARENT/GUARDIAN

(If volunteer is under 18 years of age, both signatures are needed)

PHOTO RELEASE:

_____ I consent of and authorize

_____ I do not consent to nor do I authorize the use and reproduction by Dreams Go On, Inc. of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

DATE: ___/___/___ SIGNATURE _____

SIGNATURE OF PARENT/GUARDIAN

(If volunteer is under 18 years of age, both signatures are needed)

POLICY OF CONFIDENTIALITY: Confidentiality is defined as “told in secret of private relations; trusted.” Any information in regards to the participants (clients) at Dreams Go On, Inc. must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our facility. In failure to abide by this policy, the quality of the services we provide may diminish and result in legal ramifications. I have read and understand Dreams Go On, Inc.’s Policy of Confidentiality and agree to abide by it.

DATE: ___/___/___ SIGNATURE _____

SIGNATURE OF PARENT/GUARDIAN _____

(If volunteer is under 18 years of age, both signatures are needed)