

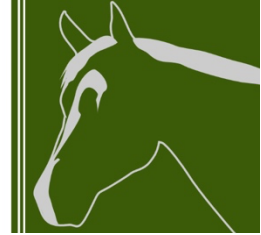
*Living Hope
Equine Therapy*

Volunteer Form

livinghope@outlook.com

408 Hogans Dr.
Trophy Club, TX 76262

(817) 909-6830



Name:		Date of Birth:	Today's Date:
Address:			
Email:		Phone Number:	
Emergency Contact Name:	Emergency Contact Relation:	Emergency Contact Phone:	
Horse Experience: <input type="checkbox"/> None <input type="checkbox"/> Some Experience <input type="checkbox"/> Experienced [please explain]			
For Minors Only			
Parent/Guardian Name:	Phone Number:	School and Current Grade:	

Confidentiality Statement & Liability Waiver

As a volunteer of the Living Hope Equine Therapy program, I understand that all client information is confidential. I agree not to discuss or make any written reports or take any pictures without prior approval from the family and/or instructor. I hereby waive and release all liability whatsoever with respect to any personal injury/and or death suffered by me or any member of my family and/or any loss of personal property which I may suffer or incur while participating in programs or services at Living Hope Equine Therapy.

Signature: _____ Date: _____
(If under 18, Parent or Guardian must sign)

Photo Release

I hereby consent to and authorize the use and reproduction by Living Hope Equine Therapy of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Please Initial One: _____ I consent _____ I do not consent
(If under 18, Parent or Guardian must sign)

Under Texas Law (Chapter 87, Civil Practice and Remedies Code), An Equine Professional is not liable for an injury to or the death of a Participant in equine activities resulting from the inherent risks of equine Activities. A farm animal Professional is not liable for an injury to or the death of a participant in farm animal activities resulting from the inherent risks of farm animal activities.