



Name: _____

CONFIDENTIALITY AGREEMENT

I agree to respect and observe the privacy and confidentiality of the participants of CARD, the Community Association for Riders with Disabilities, and not discuss or disclose any personal information about any person or their family. I understand that violating this agreement may result in termination as a volunteer with CARD.

Date: _____

Signature: _____

Date: _____

Signature: _____

Parent/guardian if under 18 years of age

PHOTO, WEBSITE & SOCIAL MEDIA CONSENT AND RELEASE

IN CONSIDERATION of the Community Association for Riders with Disabilities continuing to provide services to the community, I hereby

a) Grant permission to the said Association and anyone authorized by the said Association to take, use and reproduce, for the purpose of instruction, publication in scientific journals and for any other use for the benefit of the said Association, still or video photography of _____ (*insert "myself" or name of participant*)

b) Release all claims on behalf of myself, my heirs, executors, administrators and assigns where I (or the said participant) may have had against the said Association, its directors, officers, employees, volunteers, affiliates, agents and assigns, for the use and reproduction of any still or video photography taken and used aforesaid.

Date _____

Signature _____

Date _____

Signature _____

Parent/guardian if under 18 years of age

VOLUNTEER LIABILITY RELEASE

As a volunteer at CARD, Community Association for Riders with Disabilities, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to me and the riders I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors and administrators, waive and release forever all claims for damages against CARD, Community Association for Riders with Disabilities, its Board of Directors, Instructors, Therapists, Volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in the CARD, Community Association for Riders with Disabilities program.

Date: _____

Signature: _____

Date: _____

Signature: _____

Parent/guardian if under 18 years of age

RELEASE OF INFORMATION

I hereby give permission for the information on CARD's Volunteer Application to be stored and used for CARD's purposes. I understand that the information will be used for direct mailing and emailing.

Date: _____

Signature: _____

Date: _____

Signature: _____

Parent/guardian if under 18 years of age