



North American Riding  
for the Handicapped  
Association



PO Box 493369  
Redding, CA 96049

Phone: (530) 524-8426  
Fax: (530) 224-9836

## Authorization for Emergency Medical Treatment Form

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Medical Facility: \_\_\_\_\_  
Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Allergies to medications: \_\_\_\_\_  
Current Medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Triple Creek Ranch, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

## Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Client, Parent or Legal Guardian  
Signed in presence of Triple Creek Ranch, Inc. Staff

## Non-consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_  
Client, Parent or Legal Guardian  
Signed in presence of Triple Creek Ranch, Inc. Staff



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## VOLUNTEER INFORMATION FORM

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Age: \_\_\_\_\_  
 Parent/Guardian Name and Address (if applicable) \_\_\_\_\_

If student, name of school: \_\_\_\_\_ City: \_\_\_\_\_  
 How did you learn about Triple Creek Ranch: \_\_\_\_\_

Check which areas you are interested in:

### Program Volunteer

### Competition

### Administration

- Leading a horse
- Sidewalking with a student
- Stable management
- Exercise Team
- Special Events
- Public Outreach

- Horse Show
- Away Horse Shows
- Ride-A-Thon
- Special Olympics

- Public Relations
- Fund Raising
- Newsletter
- Volunteer Recruitment
- Photography/video
- Budget and Finance

### Photo Release

I consent to and authorize the use and reproduction by Triple Creek Ranch, Inc. 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.

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

### Volunteer Liability Release

As a volunteer at Triple Creek Ranch, Inc., I acknowledge the inherent risks and potential for risks of all horse related activities including riding, leading, sidewalking, grooming and observing. 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 Triple Creek Ranch, Inc., its board of directors, advisory board, instructors, therapists, volunteers, employees, property owners and/or horse owners, executive director, and any other person for whom Triple Creek Ranch, Inc. may be legally responsible, from and against any and all claims, damages, losses and expenses arising out of or resulting in bodily injury and or losses I / my Child / my ward may sustain while participating in Triple Creek Ranch, Inc. programs.

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

Volunteer, Parent or Guardian



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## CONFIDENTIALITY

Triple Creek Ranch, Inc. requires that all written, verbal, and observed information concerning clients/students be kept completely confidential. This includes information about fellow volunteers, clients/students, their disabilities, their families, and interactions with others. The purpose of this policy is not only legal, but also to respect the lives of our clients/students and their rights to be treated with utmost courtesy, dignity, and equality. As a Program Volunteer you will most likely see and hear things which you need to agree to keep within this setting. The Therapeutic Riding Instructors and Therapist will share information with you, which will help you work with particular clients WITH THE UNDERSTANDING THAT THIS INFORMATION STAYS WITHIN THE TRIPLE CREEK RANCH, INC. PROGRAM. You will be asked to sign this CONFIDENTIALITY AGREEMENT in order to volunteer. Triple Creek Ranch, Inc. THANKS YOU for your consideration of this matter.

I HAVE READ THE ABOVE STATEMENT OF CONFIDENTIALITY AND DISCUSSED ANY QUESTIONS I HAVE WITH TRIPLE CREEK RANCH STAFF. I UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE STATEMENT OF CONFIDENTIALITY.

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PRINT NAME

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SIGNATURE

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DATE



*Photo releases for all nominees and other persons in your photos are mandatory. Please submit a photo release form for each person in your photos. Make photocopies as needed.*

## **NARHA PHOTO RELEASE FORM**

**I hereby consent to and authorize the use and reproduction by the North American Riding for the Handicapped Association of any and all photographs taken of me/my son/my daughter/my ward for promotional printed materials, educational activities, exhibitions or for any other use for the benefit of NARHA and therapeutic riding.**

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

*For NARHA Records:*

Name: \_\_\_\_\_

Name of person(s) in photo \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone/E-mail: \_\_\_\_\_

**North American Riding for the Handicapped Association Inc.**

P.O. Box 33150, Denver, CO 80233, USA; 1-800-369-RIDE (7433); 303-452-1212

Fax-On-Demand 303-457-8496; Web Site: [www.narha.org](http://www.narha.org)



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## Volunteer Agreement

The primary concern of Triple Creek Ranch, Inc. (TCRI) is the students that we serve. It is expected that all volunteers will conduct themselves in a manner in which enhances the program and overall image of TCRI.

As a Volunteer of TCRI, I understand and agree:

- Be on time for my volunteer shift, and provide as much notice as possible if I am unable to attend a given shift.
- To attend orientation and training in order to provide quality service.
- To participate in designated training sessions when provided to help in my volunteer assignment.
- Perform all assigned tasks to the best of my ability
- To be courteous and respectful to my supervisors, fellow volunteers, and the public, and to conduct myself in a professional manner at all times.
- To fulfill the volunteer hours agreed upon
- Not to report to work while under the influence of alcohol or drugs
- Obey all laws and regulations, including traffic laws while volunteering
- To not smoke on the TCRI premises
- To treat with courtesy each individual with whom I come into contact regardless of race, creed, age, gender, or national origin.
- Bring my best skills and abilities to my volunteer work.
- To read my volunteer manual to become a knowledgeable TCRI Volunteer before volunteering.

I \_\_\_\_\_ (your name) have read, fully understand and accept the terms and conditions of volunteering as set out in the volunteer policies and this agreement. I agree to abide and understand that failure to do so may result in my termination as a volunteer.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Volunteer name (Print): \_\_\_\_\_

Staff person signature: \_\_\_\_\_

Staff person name (Print): \_\_\_\_\_