



Volunteer Registration

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

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

Primary Phone: \_\_\_\_\_

Are there any special skills you would like to share with Buckboard?

\_\_\_\_\_

Please list 2 references that do not live with you and are not related:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Photo Release:

I hereby consent to and authorize the use and reproduction by Buckboard Therapeutic Riding Academy of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities or for any other use for the benefit of the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Volunteer Policy:

I have received a copy of Buckboard Therapeutic Riding Academy's volunteer policy, which was explained to me by a Buckboard staff member. I have thoroughly read the policy, understand all of the information, and will abide.

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Signature

Date

Emergency Release:

**Consent**

In the event of an emergency, where medical aid/treatment is required, I authorize Buckboard Therapeutic Riding Academy to secure and retain medical treatment and transportation if needed and to release client records upon request to the authorized individual or agency involved in the medical emergency.

This authorization includes x-rays, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician, to be invoked only if the emergency contact person is unable to be reached.

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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Signature

Date

**Non-Consent**

I do not give consent for emergency medical treatment/aid. In the event of an emergency, where treatment/aid is required, I wish the following procedures to take place:

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Signature

Date

**\* Parent must sign if volunteer is under the age of 18**

Buckboard Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Warning:

Under Nebraska law, an equine professional is not liable for an injury or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to sections 25-21, 249 to 25-21, 253 N. R. S.

Liability Release:

I acknowledge the risks and potential for risks of horseback riding and all equine activities. 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 Buckboard Therapeutic Riding Academy's program, its Board of Directors, instructors, therapists, aides, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in the Buckboard Therapeutic Riding Academy program.

HIPPA- Protected Health Information:

The Privacy Rule protects all individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper or verbal. The Privacy Rule calls this information "Protected Health Information." (PHI)

"Individually identifiable health information" is information, including demographic data, that relates to:

- The individual's past, present, or future physical or mental health or condition
- The provision of health care to the individual, or
- The past, present, or future payment for the provision of health care to the individual,

And that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g. name, address, birth date, social security number).

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Signature

Date

Buckboard Staff Signature: \_\_\_\_\_

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