



Northern Virginia Therapeutic Riding Program, Inc.  
6429 Clifton Rd. • Clifton, VA 20124 • 703.764.0269  
www.NVTRP.org

## **2016 New Volunteer Paperwork**

Welcome new volunteer!

Thank you for your interest in volunteering. Your gift of time is essential to the success of the program.

### **Background Check Policy**

All volunteers 18 years of age and older must complete a background check through NVTRP prior to volunteering. Link to background check will be provided at the Intro Training.

### **Start Up Fee**

A small, one-time fee of \$25.00 is due at or before your Intro Training. This helps to cover our administrative costs, training, background checks, name tag and volunteer water bottle. Please contact Anna Schwiebert with questions – [aschwiebert@nvtro.org](mailto:aschwiebert@nvtro.org).

### **Important Dates for 2016!**

- Winter Session, 6 weeks, January 11th-February 20th
- Spring Session, 14 weeks, February 29th- June 11th
- Spring break week of March 21st
- Tentative Ride to Thrive Horse Show - June 11<sup>th</sup>
- Father's Day Run – June 19th
- Tentative AFGC Camp June 27th-July 1st
- Summer Session 6 weeks June 28th-August 5<sup>th</sup>
- FFX Co July 1st-5<sup>th</sup>
- E4E Camp July 7th-10th
- FFX Co Camp July 11th-15th
- FFX Co July 18th-22nd
- Ponies and Paintbrushes July 25th-29th
- Tentative Polo Classic – September 17
- Clifton Day – October TBD
- Volunteer Appreciation and Rider Party – November 6<sup>th</sup> 1-3PM





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## Emergency Treatment Release Form

Check all that apply:                       Volunteer    Rider/Participant    Staff

Name \_\_\_\_\_  
 Caretaker Name (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

.....  
**Emergency Contact:**

1. Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
 2. Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

.....  
**Primary Physician:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_  
 Name of Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

++Please describe your current health status, disability (if applicable), particularly regarding the physical/emotional demands of working in a therapeutic riding program and any special precautions we need to know. \_\_\_\_\_  
 \_\_\_\_\_

++Please list any allergies and current medications:

A) None \_\_\_\_\_ B) Please list \_\_\_\_\_

### Consent Plan

In case of medical emergency, due to illness or injury during the process of receiving services, or while being on the property of the agency, the undersigned authorizes NVTRP 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.

This authorization includes x-ray, surgery, hospitalization, medication, anesthetic, 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.

\_\_\_\_\_  
**\*\*Consent Signature (Signature of parent or guardian if under 18)                      Date**

### **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.

- Parent or legal guardian will remain on site at all times during equine assisted activities
- In the event emergency treatment/aid is required; I wish the following procedure to take place:

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_



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Name \_\_\_\_\_

**Release and Hold Harmless Agreement**

In consideration of receiving permission from the Northern Virginia Therapeutic Riding Program, Inc. (referred to as “the Program”) to participate in or observe horseback riding lessons and in further consideration of receiving permission to enter upon the premises of the Program property or other premises upon which the Program’s riding lessons may be conducted, the undersigned and his/her family and hereby forever release, acquit, discharge and holds harmless the Program, as well as its officers, governors, staff, agents instructors, volunteers, contributors and any property or horse owners affiliated with the Program of and from any and all liabilities, claims, any loss, damage, illness, injury, or death that may be sustained by any or each of the undersigned while in on or upon the premises while participating in or observing the riding lessons or while en route to or from these premises.

The undersigned acknowledges that there are certain risks inherent in participation in equine activities including (i) the propensity of an equine to behave in dangerous ways that may result in injury to the participant; (ii) the inability to predict an equine’s reaction to sound, movements, objects, persons, or animals; (iii) the possibility of equipment failure; and (iv) hazards of surface or subsurface conditions. While the Program makes every effort to minimize these risks, the undersigned is duly aware of these risks and hazards inherent upon participation in or observing equine activities and/or upon entering upon said premises. The undersigned also agrees to represent the potential for these hazards to others that may accompany or substitute for him/her at activities sponsored by the Program. These persons also, by their voluntary presence, assume the same risks and agree by their presence to the same release of liability described herein.

The undersigned and all others that may accompany, represent, and/or substitute for those persons agrees to indemnify and will hold harmless the Program, its officers, trustees, agents, instructors, volunteers, contributors, and other property and horse owners from any and all costs, charges, claims, demands, and liabilities of any kind arising either from the improper or negligent use by those listed and all that may accompany, represent, and/or substitute for those listed below of any equine, bridle, saddle, grooming tool, and/or other animal or tool or from the willful or negligent acts of said persons.

++By: \_\_\_\_\_

<b>Participant Signature</b>	<b>Print Name</b>	<b>Date</b>
_____	_____	_____
<b>Signature of Parent/Guardian if under 18</b>	<b>Print Name</b>	<b>Date</b>

**News and Photo Release**

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants permission to the Northern Virginia Therapeutic Riding Program, Inc to take or have taken, still and moving photographs and films including television pictures of my daughter/son/ward/self and consents and authorizes the Northern Virginia Therapeutic Riding Program, news media, and any other persons interested in the subject of riding for individuals with disabilities and its work, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including and without limiting the generality of the foregoing newspapers, television media, brochures, pamphlets, books, social media including Facebook, instructional material and clinical material. \_\_\_

With respect to the foregoing matters, no inducements or promises have been made to me to secure my signature to this release other than the intention of the Northern Virginia Therapeutic Riding Program to use or cause to be used such photographs, films, or pictures for the primary purpose of promoting and aiding the field of riding for individuals with disabilities and its work.

By: \_\_\_\_\_

<b>Participant Signature</b>	<b>Print Name</b>	<b>Date</b>
_____	_____	_____
<b>Signature of Parent/Guardian if under 18</b>	<b>Print Name</b>	<b>Date</b>

If you **DO NOT** grant permission, please check the box, sign here, print name and date

\_\_\_\_\_

<i>Signature of Participant or Parent/Guardian if under 18</i>	<i>Print Name</i>	<i>Date</i>
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