



## FOUR: THIRTEEN THERAPEUTIC RIDING ASSOCIATION (4:13)

### VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email address\*: \_\_\_\_\_

*\*Note: 4:13 relies on email as well as their website to share information. By providing your email address, you consent to allowing representatives of 4:13 to contact you via email to keep you apprised about 4:13 and their activities.*

Employer: \_\_\_\_\_

Alberta Health Care number: \_\_\_\_\_

Emergency Contact:

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

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

How did you hear about Four: Thirteen Therapeutic Riding Association?

\_\_\_\_\_

\_\_\_\_\_

Allergies:

\_\_\_\_\_

\_\_\_\_\_

Are there any other health concerns that we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

What is your knowledge of horses and the length of time that you have been involved with horses?

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Have you ever worked with persons with disabilities? Yes \_\_\_ No \_\_\_  
*(if yes, please provide a brief description and length of time)*

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Areas of Interest:  
(check those that apply)

Program	<input type="checkbox"/> Horse handling <input type="checkbox"/> Sidewalking with a student
Other	<input type="checkbox"/> Fundraising <input type="checkbox"/> Grant writing <input type="checkbox"/> Budget and finance <input type="checkbox"/> Future planning <input type="checkbox"/> Public relations <input type="checkbox"/> Volunteer recruitment <input type="checkbox"/> Photography/video <input type="checkbox"/> Facility repairs

Preferred day(s)/time to volunteer:

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Do you have your First Aid Certificate? Yes \_\_\_ No \_\_\_ Date of expiry: \_\_\_\_\_

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Photo release:

I, the undersigned            DO  
   DO NOT

consent and authorize the use and reproduction by "Four: Thirteen Therapeutic Riding Association and High Country Equestrian Center" of any and all photographs and any other audio/visual materials taken of me for promotion material, educational activities, exhibition or for any other use for the benefit of the program.

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

Parent/Guardian Signature (if under 18): \_\_\_\_\_

I agree that the above information provided by me is true and correct. I agree to provide a Vulnerable Sector Check (as required by associations working with young people and those with handicaps) as a condition of acceptance as a volunteer with “Four: Thirteen Therapeutic Riding Association” and “High Country Equestrian Center”.

Every participant acknowledges and agrees that “Four: Thirteen Therapeutic Riding Association and High Country Equestrian Center”, the members and officers thereof, shall not be liable for any injury, loss or damage which the participant may suffer on or about the premises during associated related activities. Every effort will be made to avoid any accident. No liability can be accepted by any organization concerned with the activities of “Four: Thirteen Therapeutic Riding Association” and “High Country Equestrian Center” and or anyone providing facilities and equipment.

No volunteer can be accepted for our program until this form has been completed.

I do hereby acknowledge having read and understood the aforementioned release and agree to be bound by the same.

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

Parent/Guardian Signature (if under 18): \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_



## FOUR: THIRTEEN THERAPEUTIC RIDING ASSOCIATION (4:13)

### CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, recognise that my role as a volunteer or staff member with Four: Thirteen Therapeutic Riding Association will entitle me to certain information about riders which should be treated as confidential. All information given to me by a parent/instructor/rider or other party, such as a physician, in relation to a rider will be discussed only with the personnel of Four: Thirteen Therapeutic Riding Association unless express written consent is provided by the client/guardian to share information to another specified body.

At no time will I discuss any information about riders with other parents or any other individuals. I recognise that all material and papers pertaining to the rider's care are legal documents, and that all information contained therein is confidential.

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

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

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

Witness: \_\_\_\_\_

(Parent/Guardian if under 18 years of age)



## FOUR: THIRTEEN THERAPEUTIC RIDING ASSOCIATION (4:13)

### DEGREE OF BODILY CONTACT POLICY

#### **Policy:**

Due to the nature of the work at Four: Thirteen Therapeutic Riding Association, it is understood that instructors and trained volunteers will need to physically assist the majority of riders in one or more of the following areas, and it is understood that this is part of the therapy/recreation sessions to which riders and parents have consented.

- When mounting, dismounting or riding a horse
- When lifting a rider onto the horse, to correct posture by placing hands at the front or back of the trunk, or to correct leg and hand positions.
- During riding sessions when having to quickly physically remove a rider from the group, due to behavioural or other concerns, and which is done for the well-being of all concerned (this may involve two staff members lifting a rider).

Any bodily contact provided by trained staff or personal care workers is in the interest of providing a safe and fun environment for the rider, and will be undertaken with the utmost discretion.

Many of the riders' with special needs who attend Four: Thirteen Therapeutic Riding Association like to give hugs. Staff will monitor this so that other riders, centre personnel or volunteers will not be placed in an embarrassing situation and behaviour will be modified as deemed necessary.

**I have read, understood and agree to the terms of the policy.**

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

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

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

Witness: \_\_\_\_\_

(Parent/Guardian if under 18 years of age)

**ASSUMPTION OF RISKS, RELEASE OF INTEREST, WAIVER OF CLAIM, AND INDEMNITY AGREEMENT**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE.**

**PLEASE READ CAREFULLY!**



To: **High Country Equestrian Center** (referred to in this agreement as the “Provider”)

AND TO: ALL PROPERTY OWNERS (PRIVATE, FEDERAL, PROVINCIAL, REGIONAL AND MUNICIPAL)

On my behalf, and on the behalf of any minor children participating in these activities, for whom I am legally responsible, I agree to the following:

**ASSUMPTION OF RISKS:**

I am aware and understood that activities involving these horses involve many risks, dangers and hazards, including, but not limited to the following:

1. Horses, which are powerful and potentially dangerous animals, may change their behavior at any time and may, without warning, jump, run wildly, buck, kick, bite or step on people or things;
2. Horses may collide with other horses or objects or trip, stumble or fall even if being led, ridden, or attended to;
3. Negligence (which means, in general terms, a failure to exercise ordinary or proper care) of other riders or my or my child’s own failure to ride safely within my or my child’s ability or within designated areas and trails;
4. Equipment may fail;
5. Weather conditions can change and can sometimes be dangerous;
6. The nature of the terrain can change and has certain risks associated with it including, but not limited to, exposed natural objects, trees, streams and creeks;
7. The activities can sometimes be in remote areas and injuries or illness may occur and it may be a considerable distance to doctors, hospitals, or any other type of assistance; and
8. Negligence on the part of A PROPERTY OWNER AND/OR THE PROVIDER OR THEIR STAFF.

I am also aware that the risks, dangers and hazards referred to above exist throughout the trail, stable, practice and other areas and many are unmarked. I understand and acknowledge that no amount of caution, experience and instruction can eliminate all of the risks involved and I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage and damages or loss resulting there from.

Initials	Initials
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**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT**

In consideration of the Provider providing me or my child with their horses and other services and permitting my or my child’s use of their equipment, and other facilities and the Property Owners providing me or my child with the use of their property (hereinafter collectively) referred to as “the Services”), I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I or my child have or may in the future have against a Property Owner or the Provider, and their directors, officers, employees, agents, representatives, and volunteers (all of whom are hereinafter collectively referred to as “THE RELEASEES”) and TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my or my child’s next of kin may suffer as a result of my or my child’s use of the services or due to any cause whatsoever, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OR CARE INCLUDING ANY DUTY OF CARE OWED UNDER THE “OCCUPIERS LIABILITY ACT” ON THE PART OF THE RELEASEES;
2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any damages to the property of or personal injury to any third party resulting from my or my child’s use of the services;
3. This Agreement shall be effective and binding upon my or my child’s heirs, next of kin, executors, administrators, assigns and representatives in the event of my or my child’s death or incapacity;
4. This agreement shall be governed by and interpreted in accordance with the laws of the Province of Alberta ; and
5. Any litigation involving the parties to this Agreement shall be brought within the Province of Alberta.

Initials	Initials
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**PROTECTIVE HEAD GEAR & RIDING BOOTS**

1. Proper riding footwear is required by all persons, regardless of age, participating in any horse related activities.
2. ALL MINORS (Horseback riders under 18 years of age) are required to wear protective head gear in the form of a high impact helmet and proper footwear.
3. IT IS HIGHLY RECOMMENDED THAT ALL HORSE BACK RIDERS OF ANY AGE WEAR A HIGH IMPACT HELMET.
4. I (we) decline to wear a helmet(s).

Initials	Initials
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In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT, FROM THIS DAY FORWARD, I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, MY CHILD, MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND/OR REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

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

Witness: \_\_\_\_\_

**(a parent or guardian must  
Sign for children under 18)**

THIS AGREEMENT MUST BE COMPLETED IN FULL, SIGNED, DATED, AND WITNESSED BEFORE ANY ACTIVITY WITH HORSES MAY BE UNDERTAKEN.