

**NEW HOPE EQUINE ASSISTED THERAPY
PARENT/GUARDIAN RELEASE FORM**

Your child submitted an application to serve as a volunteer at New Hope Equine Assisted Therapy in Argyle, TX. In order for their application to be processed, we require your information and approvals as indicated by your signatures on this form.

Upon completion the form needs to be received at New Hope:

Mail: New Hope, 6151 FM 1830, Argyle, TX 76226

Email: VolunteerAtNewHope@gmail.com

PLEASE PRINT CLEARLY

VOLUNTEER NAME First: _____ Last: _____

VOLUNTEER PHONE #: (____) _____

PARENT/GUARDIAN NAME First: _____ Last: _____

PARENT/GUARDIAN email: _____

PREFERRED PHONE __ Cell __ Home __ Work Please provide at least your preferred phone below:

CELL PHONE # (____) _____

HOME PHONE # (____) _____

WORK PHONE # (____) _____

Liability Release

I acknowledge the risks and potential for risks of horseback riding and working with horses, including grievous bodily harm. However, I feel that the possible benefits to myself are greater than the risks 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 New Hope Equine Assisted Therapy, Inc., its Board of Trustees, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating as a New Hope volunteer from whatever cause including, but not limited to, the negligence of these related parties. The undersigned acknowledges that he/she has read this Volunteer Registration & Release form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Parent/Guardian Signature _____

Date _____

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Confidentiality Policy Agreement

At New Hope, we place great importance on protecting the confidential information of our clients, our staff and our volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc., as well as the non-public business records of New Hope. In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose Confidential Information to anyone other than New Hope staff. Volunteers must seek staff permission before taking any pictures or videos. I have read and understand the New Hope Confidentiality Policy and agree to abide by same.

Parent/Guardian Signature _____

Date _____

Photo/Media Release

- 1) New Hope Equine Assisted Therapy, Inc. may use my child's photograph or image in its print, online and video publications.

- 2) I release New Hope Equine Assisted Therapy, Inc., its employees and any outside third parties from all liabilities or claims that I might assert in connection with the above-described activities and

- 3) I waive any right to inspect, approve or receive compensation for any materials or communications, including photographs, videotapes, DVDs, website images or written materials, incorporating photos/images of my child.

Parent/Guardian Signature _____

Date _____