



## Volunteer Information Sheet

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

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

Email: \_\_\_\_\_

Emergency contact & Phone: \_\_\_\_\_

Please add me to the THH email update list for upcoming events (promise no more than one email per week!!)

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

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

Days of the week available;    Tues    Wed    Thurs    Fri    Sat    Sun

Hours available: \_\_\_\_\_ to \_\_\_\_\_

If under 18, Name & Phone of Parent or Guardian/Caregiver: \_\_\_\_\_

\_\_\_\_\_

Please describe experience with horses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe experience with children or individuals with special needs:

\_\_\_\_\_

\_\_\_\_\_

I have reviewed the Policy Manual and the Volunteer Manual

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

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



## **RELEASE AGREEMENT**

### **THERAPEUTIC HORSEMANSHIP of HAWAII, INC. AND CONTRIBUTORS**

I, the undersigned, understand that Hawaii Law (Act 249, 1994 Hawaii Legislative Session, effective June 29, 1994) limits the civil liability of persons sponsoring equine (horse, pony, mule, donkey, or hinney) activities. I understand that there are inherent risks of injury, including death, when participating in an equine activity, which risks included but are not limited to (1) the propensity of an equine to behave in ways that may result in injury or death to persons on or around them, (2) the predictability of an equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or object animals, (3) hazards such as surface and sub-surface conditionals, (4) collisions with other equine or objects, and (5) the potential negligence of another participant, such as failing to maintain control over the equine, or not acting within the participant's ability. Knowing and understanding the risks of participating in an equine activity; including injury and death to my person and damage to my personal property, I expressly choose to assume these risks. Further, on behalf of myself, my heirs, successors, representative, and assigns, I hereby unconditionally release any and all claims and causes of actions against equine activity sponsor Therapeutic Horsemanship of Hawaii and the Honolulu Polo Club, and it/theirs owners, shareholders, officers, directors, principals, employees, agents, representatives and any other personnel, for injury including death, and for any damage to personal property, which I may incur as a result of my participation in this equine activity. If the undersigned agrees to indemnify the above-described equine activity sponsor (including its/their above-described persons and entities) from any and all claims and causes of action brought by or on behalf of said participant at any time.

DATE: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
IF UNDER 18 YEARS OF AGE A PARENT OR GUARDIAN MUST SIGN

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

## PHOTO RELEASE

I  DO  
 DO NOT

consent to and authorize the use and reproduction by Therapeutic Horsemanship of Hawaii of any and all photographs, videos 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Client (or Parent or Legal Guardian if client is under 18)

## CONFIDENTIALITY POLICY

I understand that any personal or identifying information that I learn about clients through my association with Therapeutic Horsemanship of Hawaii, Inc. will remain confidential. I agree to refrain from discussing such details as: clients' names, specific diagnosis, unusual behavior, etc., with anyone outside the program or with another program member in a public circumstance where I might be overheard. I understand the necessity of preserving our clients' privacy and anonymity and will abide by this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Client (or Parent or Legal Guardian if client is under 18)