

Turning Pointe Therapeutic Riding Inc.
40 Collins Rd. Ashaway, RI 02804 (401) 364-0598

Volunteer Application

Please Print

Name _____ Date _____

Address _____

Phone Number _____ Cell _____

Occupation _____

Place of Employment _____

Phone Number _____

Are you 18 or older? ___ Date of birth: _____

What type of volunteer work have you done

****Signatures must be of Parent or Guardian if under 18 years of age****

You must be at least 14 years of age to participate in Therapeutic Program

Liability Release

_____, WOULD LIKE TO VOLUNTEER AND PARTICIPATE IN THE TURNING POINTE RIDING PROGRAM. I ACKNOWLEDGE THE RISKS AND POTENTIAL FOR RISKS INVOLVED IN HORSEBACK RIDING. HOWEVER, I FEEL THAT THE POSSIBLE BENEFITS TO MYSELF ARE GREATER THAN THE RISK ASSUMED. I HEREBY INTENDING TO BE LEGALLY BOUND, FOR MYSELF, MY HEIRS AND ASSIGNS, EXECUTORS, ADMINISTRATORS; WAIVE AND RELEASE FOREVER ANY CLAIMS FRO DAMAGES AGAINST TURNING POINTE THERAPEUTIC RIDING, INC., AND/OR RAMROD FARM, LLC, ITS BOARD OF DIRECTORS, INSTRUCTORS, THERAPISTS, AIDES, VOLNTEERS, AND/OR EMPLOYEES FOR ANY AND ALL INJURIES AND/OR LOSSES I MAY SUSTAIN WHILE PARTICIPATING IN THE PROGRAM OR ON THE PREMISES.

SIGNATURE _____ DATE: _____

UPDATED INFORMATION: ALL INFORMATION ON THIS FORM APPLIES

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

** Signatures must be of Parent or Guardian if under 18 years of age**

Photo Release

I HEREBY **DO** CONSENT TO AND AUTHORIZE THE USE AND REPRODUCTION OF PHOTOGRAPHS/AUDIOVISUALS TAKEN OF ME.

SIGNATURE _____

I HEREBY **DO NOT** CONSENT TO AND AUTHORIZE THE USE AND REPRODUCTION OF PHOTOGRAPHS/AUDIOVISUALS TAKEN OF ME.

SIGNATURE _____

Policy of Confidentiality

What is confidentiality? Confidentiality is defined as “told in secret or private relations: trusted”. Any information in regards to the participants (clients) at Turning Pointe must be held in confidentiality. It is critical we respect each individual. Confidentiality is considered one of the most basic responsibilities of our facility. In failing to abide by this policy, the quality of the services we provide may diminish and result in legal ramifications.

When information is used during quality assessment studies, it is understood that such information is considered privileged. Information is considered privileged both in data reporting from our statistics and whenever staff are auditing records. When confidential information is used for professional educative purposes, every effort is made to conceal the true identity of the individual(s) discussed.

I, _____ HAVE READ AND UNDERSTAND THIS DOCUMENT AND AGREE TO HOLD ALL INFORMATION IN THE STRICTEST CONFIDENTIALITY.

DATE _____