



Dressage · Therapeutic Riding · Jumping

VOLUNTEER INFORMATION / REGISTRATION

Name _____ Date _____

Phone (cell) _____ other _____

Address _____
Street Town State & zip

e-mail _____ Date of birth _____

(if under 18) Parent/legal guardian name _____

HEALTH HISTORY

Please describe your current health status. Take into account the physical demands of working in a therapeutic riding program, requiring up to 45 minutes of walking and jogging with a rider. Address fitness, cardiac condition, bone or joint function, any recent surgeries or health problems. NOTE: If unable to jog, you can still work in lessons – we just need to know!

Allergies: _____

Other: _____

Date last Tetanus shot _____ NOTE: important to be current, within last 8 to 10 years

COVID-19 vaccination date: _____

STATEMENT of UNDERSTANDING

The information provided is accurate to the best of my knowledge. I know of no reason why I should not participate in Sky Therapeutic Therapeutic Riding LI's lesson program.

Signature: _____ Date _____

Volunteer

LIABILITY RELEASE

I hereby certify that, being aware of the risks and exposures to personal injury involved through equestrian activities, I hereby release Sky Therapeutic Riding and its employees assisting in any official capacity on their behalf, from all and every claim for damages which may occur to me or my property in any connection with any lesson, clinic, practice, schooling or any work with horses on the barn grounds or away from the grounds.

Signature _____ Date _____

Volunteer or if under 18, Parent/Legal Guardian

VOLUNTEER INFORMATION page 2

PROMOTIONAL PHOTOGRAPHY RELEASE

I DO

DO NOT

consent to and authorize the use and reproduction of any and all photographs and any other audio/visual materials taken of me by Sky Riding LI for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) about participants at Sky Therapeutic Riding is confidential and will not be shared with anyone without the express written consent of the participant or his/her parent/legal guardian.

Signature _____ Date _____

Your Volunteer AVAILABILITY-

Sunday ONLY _____ a.m. _____ p.m.

Email forms to: nancy.tejo@skyridingli.com