

Background Verification

Initials **I authorize Trinity River Farm & Equestrian Center & Equestrian Center & equestrian center to run a criminal background check through the Texas Department of Public Safety, or any background check company of our choice.**

Current Driver's License	Y	N	License Number:	State:
or Current State ID card	Y	N	ID number:	State:
Social Security Number			Date of Birth	

Photo Release

Consent I hereby consent to and authorize the use and reproduction by **Trinity River Farm & Equestrian Center & Equestrian Center & equestrian center** of any and all photographs and any other audio/visual material taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program (to include, but not limited to brochure, **Website**, video on our Website via hosted through YouTube, DVD or presentations).

Non-consent

Confidentiality

Initials I HAVE READ THE FOLLOWING STATEMENT OF CONFIDENTIALITY AND DISCUSSED ANY QUESTIONS I HAVE WITH THE TRINITY RIVER FARM & EQUESTRIAN CENTER & EQUESTRIAN CENTER & EQUESTRIAN CENTER STAFF. I UNDERSTAND AND AGREE TO ABIDE BY THE FOLLOWING STATEMENT OF CONFIDENTIALITY.

Trinity River Farm & Equestrian Center & Equestrian Center & equestrian center requires that all written, verbal and observed information concerning all clients be kept completely confidential. This includes information about clients, their families and interactions with others.

Release, Hold Harmless and Assumption of the Risk Agreement

Initials I would like to participate as a volunteer at Trinity River Farm & Equestrian Center & Equestrian Center & equestrian center. In exchange for the privilege of participating as a volunteer, I agree that neither I nor my family, nor any legal guardian, heir or assignee, will sue or make a claim against Trinity River Farm & Equestrian Center & Equestrian Center & equestrian center or Julie Amendola, or attach the property of Trinity River Farm & Equestrian Center & Equestrian Center & equestrian center or Julie Amendola for death, injury or damage resulting from any act or omission, whether the injury or the damage occurs by act of negligence or any other act by human, by physical condition of the property or by animal. I understand that I am releasing and holding Trinity River Farm & Equestrian Center & Equestrian Center & Equestrian Center and Julie Amendola harmless from any and all claims, demands or actions that I, my family, my heirs or any legal guardian, assignee or legal representative may have now or may have in the future for any death, injury or damage resulting from my participation in the Program or any other activities at Trinity River Farm & Equestrian Center & Equestrian Center & equestrian center. **I am fully aware that I am assuming any and all risks associated being a volunteer, and any other activities at Trinity River Farm &**

Equestrian Center & Equestrian Center & equestrian center. I am fully aware that there are many risks and dangers involved in participation as a volunteer and other activities at Trinity River Farm & Equestrian Center & Equestrian Center & equestrian center, and I agree to accept the consequences of such risks, including, but not limited to, the risk of injury, death, and damage to personal property. If I do not fully understand the risks, I will consult with a staff member immediately.

Definition of Volunteering for Trinity River Farm & Equestrian Center & Equestrian Center & equestrian center

_____ I understand that I am providing voluntary service to Trinity River Farm & Equestrian Center &
Initials Equestrian Center & equestrian center of my own accord. I understand that I am not an employee of
Trinity River Farm & Equestrian Center & Equestrian Center & equestrian center, and I have no
expectation of compensation, either monetary or otherwise, from the Facility. I am volunteering for
the Facility because I support its work and its goals. I am not helping the Facility because I expect to
get paid.

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I, _____, have read and understand the contents of this document. The
information provided by me is complete, true and accurate to the best of my knowledge.

Signature _____ Date _____

IF MINOR, Signature of Parent/Guardian _____

Good Faith Agreement: Consistency and commitment to our operation is an important aspect of Trinity River Farm & Equestrian Center & Equestrian Center & equestrian center volunteer service. I agree to participate for a 3 month period and will communicate with the Owner/Manager at least 24 hours in advance of any scheduled event if I am unable to attend and participate.

Name (Print) _____ Date _____

Signature _____ Date _____

IF MINOR, Signature of Parent/Guardian _____

Printed Name, Parent/Guardian _____

MEDICAL HISTORY & EMERGENCY TREATMENT RELEASE OF INFORMATION

Name: _____ Date of Birth: _____
Last First

Height: _____ Weight: _____

MEDICAL INFORMATION

Physician: _____

Address : _____ Hospital: _____

Medical Insurance Company: _____

Address: _____

Policy Number: _____ group # _____

Medical History

Allergies: _____

Current

Medications: _____

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine-assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations and/or surgeries, or lifestyle changes _____

IN CASE OF EMERGENCY:

Notify _____ Phone: _____

Address: _____ Relationship: _____

Or,

Notify: _____ Phone: _____

Address: _____ Relationship: _____

Or,

Notify: _____ Phone: _____

Address: _____ Relationship: _____

Non-Consent Plan

I DO NOT give my consent for emergency medical treatment/aid in the case of illness of injury during the process of receiving services or while being on the property of the agency.

□
□ In the event emergency treatment/aid is required, I wish the following procedures to take place:

Non-Consent Name Print: _____

Non Consent Signature: _____

Date: _____

Parent/Legal Guardian Signature: _____

Parent/Legal Guardian Signature: _____