



VOLUNTEER RELEASE FORMS

If volunteer is under 18, forms must be signed by parent or legal guardian.

MEDICAL AID CONSENT

In the event of a medical emergency, I authorize Courageous Connections and/or its designated agents to authorize such medical assistance as it deems necessary. I further authorize any licensed physician and/or medical surgical and/or hospitalization deemed necessary or advisable.

Do you authorize? ☐ Yes ☐ No

Consent Signature: _____ Date: _____

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury while on the property of the agency. In the event emergency medical treatment/aid is required, I wish the following procedures to take place: _____

Non-consent Signature: _____ Date: _____

LIABILITY RELEASE and HOLD HARMLESS

Liability release to be signed by volunteer or parent/guardian if volunteer is under 18 years of age. I verify that I am 18 years or old or I am the parent / guardian of the above volunteer who is a minor:

- ☐ Yes, I am 18 years or older.
- ☐ I am the parent / guardian of the above volunteer who is a minor.

I, _____ (Volunteer), acknowledge the many and serious risks and potential risks associated with horse activities. However, I feel that the possible benefits to myself, my son/daughter, my ward, my horse and the clients are greater than the risks assumed. As a condition of participation, I hereby, intending to be legally bound, for myself, my son/daughter, my ward, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Courageous Connections, their Directors, Officers, Instructors, Therapists, Aides, Volunteers, horse owners and/or Employees for any and all injuries and/or losses I, my son daughter, my ward, my horse may sustain while participating in Courageous Connections activities, except for injuries or losses caused intentionally or by willful or wanton disregard for safety. I accept and agree to the above statement.

Signature: _____ Date: _____



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PHOTO RELEASE

I consent to and authorize the use and reproduction by Courageous Connections of any and all photographs and any other audio-visual materials taken of me for promotional material.

Signature _____ Date _____

BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime? ☐ Yes ☐ No

If yes, please explain: _____

I, _____ (Volunteer), authorize Courageous Connections to receive information from any law enforcement agency, police department and sheriff departments of this state or any other state or federal government to the extent permitted by state and federal law pertaining to any convictions I may have had for violations of state or federal criminal laws. Including but not limited to convictions or crimes committed upon children.

I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize Courageous Connections, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, and corporation.

Signature: _____ Date: _____

STATEMENT OF CONFIDENTIALITY

I understand that at Courageous Connections, there is certain information that is available to me but is considered confidential. It is to be used only for facilitating the goals and objectives of the individual rider, according to the direction of the instructor or therapist. In consideration of the right to privacy of the students and their families, I understand the need to use appropriate discretion in written comments and in related conversations with volunteers, staff, family, or the general public. Any breach of this confidentiality will prove reason for my dismissal.

Signature: _____ Date: _____