



# UpReach Therapeutic Equestrian Center, Inc.

153 Paige Hill Road, Goffstown, NH 03045

603.497.2343 FAX: 603.497.5367

## Volunteer Paperwork



**(Please Print)**

Today's Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Secondary Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Height: \_\_\_\_\_ Preferred Contact: Phone  Email

E-Mail Address: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Employer/School Address: \_\_\_\_\_

Position: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

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Have you or anyone in your immediate family ever served in the military?

\_\_\_\_\_

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Reference (non-relative only): \_\_\_\_\_ Phone: ( ) \_\_\_\_ - \_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_

If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\* **Parent or Guardian (where applicable)** \*\*\*\*\*

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Evening Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Employer: \_\_\_\_\_ E-mail \_\_\_\_\_

Employer Address: \_\_\_\_\_

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*Prior experience is **not required**, however, it is valuable for us to know what skills you bring*

Do you have any previous horse experience: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe (include grooming/tacking experience, length of time, skills):

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Do you have any experience with individuals with disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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Do you have other skills that you would like us to know about (i.e.- sign language)?

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Do you have other volunteer experience, either in the past, or currently? Yes \_\_\_\_ No \_\_\_\_

If yes, please share more information (what organization, your role, length of time):

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I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained within this volunteer application for UpReach Therapeutic Equestrian Center, Inc. I understand and agree that false and misleading information given in my application may result in the immediate discharge from volunteer services at UpReach Therapeutic Riding Center, Inc.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Release of Liability and Indemnity Agreement  
UpReach Therapeutic Equestrian Center, Inc.



This release and waiver of liability and indemnity agreement is made and entered into on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between UpReach Therapeutic Equestrian Center, Inc. (herein after referred to as the “farm”) and \_\_\_\_\_ (herein referred to as the “participant”) and if the participant is a minor, participant’s parent or legal guardian, \_\_\_\_\_, in return for the use today and on all future dates of the property, facilities, services, and horses of the farm, or the property, facilities and services of the farm if participant provides his/her own horse (as described below) the participant, his/her assigns, and legal representatives (collectively referred to as the “participant”) hereby expressly agrees to the following:

1. The participant expressly acknowledges, understands, and agrees that the activities engaged in at the farm involves some inherent risk and involve the risk of serious injury and/or death and/or property damage.
2. The participant acknowledges, understands and agrees that the behavior and temperament of horses is unpredictable.
3. The participant attests that he/she does not have any physical condition or limitation that would prevent him/her from participating in the activities engaged in at the farm. It is the responsibility of the participant to carry full and complete insurance coverage on his/her horse, personal property and him/herself.
4. Participant agrees to assume full responsibility for any and all risks involved in or arising from participant’s use of or presence upon the farm’s property and facilities including, but not limited to, the risks of death, bodily injury, personal injury, property damage, falls, kicks, bites, collisions with vehicles, horses or stationary objects, fire or explosion, the availability of emergency medical care or the negligence of the farm or any agents, servants or employees thereof or another person.
5. Participant agrees to hold the farm and all of its successors, assigns, subsidiaries, franchises, affiliates, officers, directors, employees and agents complete harmless and not liable and hereby release, waive and discharge them from all liability whatsoever and agrees not to sue them on account of or in connection with any claims, causes of actions, injuries, damages, costs or expenses arising out of participants use of or presence upon the farm’s property and facilities whether or not caused by the negligence of the farm, including claims for consequential damages.

6. Participant agrees to indemnify, and defend the farm against, and hold it harmless from any and all claims, causes of action, loss and liability, damages, judgments, settlements, costs or expenses, including attorney's fees, which in any way arise from or are caused in whole or in part by participants actions, inactions, participant's property and/or horse(s), family and/or guests use of or presence upon the farm's property and facilities, including any negligence on the part of the farm.

7. Participant agrees to abide by all of the farm's rules and regulations.

8. If participant is using his/her horse, the horse shall be free from infection contagious or transmissible disease. The farm reserves the right to refuse a participant to ride his/her horse on the farm's premises if the farm deems the horse is not in proper health or is deemed dangerous or undesirable.

9. This Release and Waiver of Liability and Indemnity Agreement is made and entered into in the State of New Hampshire and shall be enforced and interpreted under the laws of this state. Should any clause be in conflict with state law, then that clause shall not affect the validity of any other clause. When the farm and participant and participant's parent or legal guardian, if participant is a minor, sign this Release and Waiver of Liability and Indemnity Agreement, it will then be binding on both parties subject to the above terms and conditions.

The Undersigned has read and voluntarily signs the Release and Waiver of Liability and Indemnity Agreement and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant's Signature or Parent/Legal Guardian)

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

Phone Number: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Rev 4/23/02

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## Confidentiality Policy and Procedure

UpReach Therapeutic Equestrian Center, Inc.



It is the policy of UpReach Therapeutic Equestrian Center, Inc. to hold absolutely confidential all UpReach documentation and communications (oral and written) made by and between or about UpReach Therapeutic Equestrian Center staff, participants, board, and volunteers.

It is required that all staff, board members, and volunteers sign a confidentiality agreement. All of these persons are accountable for maintaining the confidentiality policy.

Information will be disclosed only with the permission of the individual involved (for exceptions see IV).

### **I. Definition of Confidential Communications**

Confidential Communication is any information that is either written or spoken, and shared between participant and/or family/guardian and staff, volunteers, and board in the course of service delivery and/or in the relationship. The information that is exchanged is considered confidential and it is to be kept as such by staff, volunteers, and board, and disclosed only to those people who are:

- A. Present at the time the information is shared and working to further the interests of the clients.
- B. Staff or appropriate assigned designees working for UpReach Therapeutic Equestrian Center, Inc. maintaining records of participants for informational purposes. Statements of evaluation or opinion are to be avoided.
- C. Not associated with UpReach but working on behalf of the participant, such as attorney, counselor, housing worker, or other social service agent.

In cases where information is disclosed by UpReach, a signed release of information must be obtained by the participant, parent, or legal guardian prior to the release thereof.

### **II. Maintenance Records:**

UpReach Therapeutic Equestrian Center, Inc. maintains records of participants for informational purposes (i.e. to aid in evaluating program and facilitating communications between staff/volunteers).

### **III. Access to Records**

- A. Staff members and appropriate assigned designees have access to participant's records.
  
- B. A participant's request to examine their files will always be honored. She/He also has the right to copies of their file.

### **IV. Release of Information**

The participant, parent, or legal guardian makes the decision about all disclosures. She/He must sign a release of information form, detailing the information to be released, to whom and the purpose thereof. She/He has the right to revoke this consent at any time. This must be submitted in writing.

### **V. Exceptions for the Release of Information which do not Require Consent**

- A. Suspected Abuse that triggers mandatory reporting requirements under NH Law: If a volunteer suspects abuse, they should notify a staff member who will be responsible for reporting.
  
- B. Criminal Proceedings: when the court had determined, through the procedure explained in RSA 173-C, that the information contained in the record or testimony is admissible under chapter 173-C.
  
- C. Medical Emergency: where this exists and the information from the file is required and the participant/family/guardian is unable to authorize the release, information limited to the medical emergency will be disclosed to the medical institution treating the participant.

I, \_\_\_\_\_ have read and agree to abide by the confidentiality policy and procedures of UpReach Therapeutic Equestrian Center, Inc.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Emergency Medical Authorizati  
and Photo/Video Releases  
UpReach Therapeutic Equestrian Cen



Participant/Volunteer Name: \_\_\_\_\_

In the event that emergency medical aid/ treatment is required due to illness or injury during participation in UpReach Therapeutic Riding Center, Inc. programs, I authorize UpReach Therapeutic Equestrian Center, Inc. as follows:

**Consent**

I authorize medical treatment including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed above is unable to be reached.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian , if under 18 or applicable)

**Non Consent**

I **DO NOT** grant consent for emergency medical treatment/ aid in the case of illness or injury during the process of volunteering services or while on the premise of UpReach Therapeutic Equestrian Center, Inc. In the event emergency treatment is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_

Non Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian , if under 18 or applicable)

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**Photo/Video Release**

I hereby authorize the UpReach Therapeutic Equestrian Center, Inc. ("UpReach") to use my (or my child's/ward's) photographic or video image(s) in its web site, newsletter, or any other publication. UpReach may also distribute the image to newspapers, televisions or other media, including the internet, for use in advertisements, stories or news items pertaining to UpReach or its equine assisted programs.

I acknowledge that only UpReach is authorized to use the image(s). I am not giving my authorization for use of any image by any other organization, any other person or company. I understand that I may revoke this authorization at any time, except to the extent that action based on this authorization has already been taken, by submitting said revocation in writing and signed by me. I hereby release UpReach and its directors from any legal responsibility or liability for disclosure of the images.

If the person whose image is being used is under the age of 18, this authorization must be signed by a parent or guardian.

I  **DO** CONSENT TO USE OF IMAGES AS SET FORTH ABOVE.

I  **DO NOT** CONSENT

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian , if under 18 or applicable)



## COVID-19 Acknowledgement of Risk & Acceptance of Services

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

Parent/Guardian Name (if applicable): \_\_\_\_\_

I am aware of the inherent risks of contracting COVID-19 while participating in services at UpReach Therapeutic Equestrian Center, Inc. and acknowledge that said organization is doing everything they can to protect the public, as well as its' staff, participants, volunteers and guests. I am aware that face-to-face services may increase my risk of contracting and passing on COVID-19 and agree to hold harmless UpReach Therapeutic Equestrian Center, Inc., its' staff, volunteers, and all others I may come in contact with during the time of services.

I agree to follow all guidelines and policies required by UpReach Therapeutic Equestrian Center, Inc. including but not limited to:

- Perform a self-health check prior to arrival and cancelling services if you are not feeling well.
- I have not traveled outside of the country or via methods requiring quarantine by the State of NH or I have followed the appropriate State of NH travel guidelines (copy available upon request).
- Follow UpReach Therapeutic Equestrian Center Inc.'s policies for protection, social distancing, and hand washing/sanitizing as provided. These policies will be updated as deemed necessary by the organization.
- Follow UpReach's policies regarding mask wearing and social distancing.
- Hand washing/sanitizing is expected upon entering and exiting the facility.
- Access only those areas of the facility open to the public.
- Please notify UpReach if you have tested positive for COVID-19 or have been in close contact with someone that has tested positive with COVID-19 to ensure compliance with UpReach COVID Guidelines.

UpReach will engage in regular cleaning and sanitizing of riding/driving equipment, grooming supplies, and frequently touched areas as needed.

UpReach reserves the right to dismiss anyone who is unable or unwilling to adhere to these protocols or if it is suspected they have been in contact with and/or are exhibiting symptoms of COVID-19.

I agree to follow these policies and hold harmless all individuals associated with my participation in activities at UpReach Therapeutic Equestrian Center, Inc.

\_\_\_\_\_  
Participant or Legal Guardian Signature

\_\_\_\_\_  
Date