



PARKLAND THERAPEUTIC RIDING ASSOCIATION

PO Box 1294 Yorkton SK S3N 2X3 www.ptrayorkton.com ptrayorkton@hotmail.com

****This information sheet is to be completed by ALL Volunteers / Parents / Guardians (Please circle which title applies to you.)*

CONTACT INFORMATION

Name: _____ Date of Birth: _____

Address: _____

Email: _____

Phone: (H) _____ (W) _____ (C) _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

Physician: _____

Phone: _____ Sask Health #: _____

In case of an emergency, I give permission to the Parkland Therapeutic Riding Association to secure medical treatment including x-ray, surgery, hospitalization and medication.

Signature: _____ Date: _____

PTRA PHOTO RELEASE

I consent to authorize the use and reproduction by Parkland Therapeutic Riding Association, of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature: _____ Date: _____

PTRA, Dr. GARTH BODE & KAREN NORDIN LIABILITY RELEASE

As a volunteer with the **Parkland Therapeutic Riding Association** program at **Dr. Garth Bode's and Karen Nordin's farm**, I acknowledge the risks, and potential for risk, of a program that includes horseback riding, horse driving, dog handling, and general barn duties. However, I feel that the possible benefits to myself, and the clients I work with, are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever, all claims for damages against the **Parkland Therapeutic Riding Association**, its Board of Directors, Instructors, Therapists, Aids, Volunteers and/or Employees and **Dr. Garth Bode and Karen Nordin** for any injuries and/or losses I may sustain while participating in the **Parkland Therapeutic Riding Association** program at **Dr. Garth Bode's and Karen Nordin's farm**.

Signature: _____ Date: _____

Witness: _____

PTRA STANDARDS OF CONFIDENTIALITY

I, _____ recognize that in my role as a volunteer/parents/guardian with the Parkland Therapeutic Riding Association I may be entrusted to certain information about the clients which should be treated as confidential. All information given to me by an instructor/parent/guardian/client in relation to the client will be discussed only with the personnel of the Parkland Therapeutic Riding Association. At no time will I discuss any information about clients with other individuals. I recognize that all material and papers pertaining to the clients care are legal documents, and that all information contained therein is confidential.

Signature: _____ Date: _____

Witness: _____