

Checked and Approved by:

Date: _____



Chimp Mail	___
Volunteer Contact	___
Vol. Emergency	___
Equiforce	___
Name Tag	___
Scanned	___
Attached	___
Ready to be Filed	___
*Staff use only	

2021
New Kingdom Trailriders
Volunteer Forms Checklist

_____ Volunteer Registration Form

_____ Authorization for Emergency Medical Treatment

_____ Photo Release

_____ Volunteers Only Release

_____ General Liability Release

_____ Equine Liability Release

_____ Confidentiality Agreement

_____ Assumption of Risk Waiver

I, _____ have received and read the NKT Volunteer Handbook. I understand and agree with New Kingdom Trailriders policies and procedures as they are set by PATH.

Signed: _____ Date _____

New Kingdom Trailriders VOLUNTEER REGISTRATION FORM

Name: _____

Date of Volunteer Training: _____

*Only needed if have not volunteered in the last year

Phone number: _____

Email: _____

Preferred Method of Contact: Phone Email

Address:

1. Have you ever been convicted of an offense involving the intentional infliction of physical injury upon a child, sexual abuse of a child or child abduction under the laws of this state or any state?

____ YES ____ NO.

2. Do you use illegal drugs? ____ YES ____ NO.

3. Have you ever been convicted of a felony? ____ YES ____ NO

I affirm, under penalty of perjury, that the answers to the above questions are truthful. Based on the information given and any/all background check detail, New Kingdom Trailriders reserves the right to accept or deny volunteer applications of any individual.

Name _____ Dated _____

Signed _____ Dated _____

New Kingdom Trailriders

Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Street

city

State

zip

Physician's Name: _____ Preferred Medical Facility _____

Health Insurance Co: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

Medical Conditions/Special Accommodations Needed:

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event of emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize **New Kingdom Trailriders** to:

1. Secure and retain medical treatment and transportation if needed
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

Non-Consent Plan

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

Parent or legal guardian will remain on site at all times during equine assisted activities

In the event emergency treatment/aid is required, I wish the following procedure to take place.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian

PHOTO RELEASE:

_____ I consent to and authorize the use and reproduction by New Kingdom Trailriders, its advertising agencies, news, radio, and any other persons, of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward, for the promotional printed material, educational activities, exhibitions, newspapers, television, brochures, pamphlets or for any other use for the benefit of the program.

_____ I DO NOT consent to or authorize the use and reproduction by New Kingdom Trailriders, its advertising agencies, news, radio, and any other persons, of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward, for the promotional printed material, educational activities, exhibitions, newspapers, television, brochures, pamphlets or for any other use for the benit of the program

Date: _____ Signature: _____

Parent / Guardian Signature if Participant is under 18

VOLUNTEERS

I, the undersigned, am willing to volunteer my services for / participate in the NKT therapeutic horseback riding program. Riding instruction will be under strict supervision ad although every effort will be made to avoid accident, **NO LIABILITY** can be accepted by New Kingdom Trailriders, any officer or member of NKT or any other organizations or individuals now or in the future associated with this program.

I understand that:

- the information that I have provided may be verified, and I give permission to NKT to make inquiry of others concerning my suitability to act as an NKT volunteer;
- in the course of participating in NKT, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- the relationship between NKT and volunteers is an “at will” arrangement, and that it may be terminated at any time without cause by either the volunteer or NKT;
- I will notify NKT of all changes to the information provided on this original form.

I affirm, under penalty of perjury, that I have read the above and that the information I have given is true and complete. No person can be accepted as a volunteer until this form has been completed and signed.

Date: _____ Signature: _____

Volunteer signature / Parent / Guardian Signature if volunteer is under 18

Parent / Guardian Signature if Participant is under 18

EQUINE LIABILITY RELEASE

WARNING:

Under the Equine Activity Liability Act, adopted by the State of Illinois each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to person or property resulting from the risk of equine activities.

I, _____ **(Print Volunteer's Name)** would like to participate in New Kingdom Trailriders' therapeutic riding program.

I acknowledge that anyone engaged in this program as a staff member, rider, volunteer or bystander is assuming certain inherent risks that are an integral part of equine activities, including, but not limited to:

- (1) The propensity of an equine to behave in ways that may result in injury, harm, or death to persons on or around them.
- (2) The unpredictability of an equine's reaction to sounds, sudden movement, and unfamiliar objects, persons, other animals or other things.
- (3) Certain hazards such as surface and subsurface conditions.
- (4) Collisions with other equines or objects.
- (5) The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

Each participant who engages in an equine activity expressly assumes the risk of and legal responsibility for injury, loss or damage to the participant or the participant's property that results from participating in an equine activity.

Having read and understood the above description of the liability of equine activities, I agree to release New Kingdom Trailriders, its staff, volunteers, committees or board members from any liability except where negligence can be proven.

Date _____ Signature: _____
(Parent or guardian's signature if participant is under 18 years old)

GENERAL LIABILITY RELEASE: I, _____
(Print Volunteer's name)

Would like to participate in New Kingdom Trailriders' Therapeutic Horseback riding program. I acknowledge the risks and potential for risks of horseback riding and agree to assume all risks of personal injuries and damages regarding involvement in the program. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. Therefore, in return for being permitted to participate and intending to be legally bound, for myself, my heirs and assigns, executors or administrators, I hereby forever waive and release all claims for damages against New Kingdom Trailriders, its Board of Directors, Property Owners, Sponsors, Instructors, Therapists, Aides, Volunteers, Visitors, Employees, Agents, or others on its behalf liable for any and all injuries and/or losses, I/my son/my daughter/my ward may sustain while participating in the New Kingdom Trailriders therapeutic horseback riding program and agree to indemnify them from all loss, expense, damages and costs they may incur by reason of any claim for damages brought against them. I have read, understand and agree to all of the terms of this liability release and indemnity agreement.

Date: _____ Signature: _____

New Kingdom Volunteer/Staff Confidentiality Agreement

Name: _____

Confidentiality Policy/Statement

1. Riders and their families, staff members, and volunteers have a right to privacy that gives them control over the dissemination of their medical or other sensitive information. New Kingdom Trailriders (NKT) shall preserve the right of confidentiality for all individuals in its program.
2. The staff shall keep confidential all medical, social, referral, personal and financial information regarding a person and his/her family. Any person who accidentally obtains such information must not disclose it to anyone without proper authorization.
3. Anyone who works or volunteers for, or provides services to, NKT is bound by the confidentiality policy, including but not limited to: full- and part-time staff, independent contractors, temporary employees, volunteers, and board members.
4. A person must be over the age of 18 to give consent for disclosure of medical or sensitive information. For anyone under the age of 18, only parent(s), legal guardian(s) or other legal representatives may give consent for disclosure. Adults with developmental disabilities are presumed legally competent to give or deny disclosure unless they have been adjudicated incompetent to make this type of health care decision. If a substitute decision maker has been appointed, written consent must be obtained from that individual.
5. Disclosure of private or sensitive information will not be given out without a person's consent based on a perceived need to protect staff or anyone else from possible exposure through casual contact. EVERYONE should commonly practice infection control procedures with all riders and volunteers under the assumption that anyone could have HIV, hepatitis, or other blood-borne diseases. Casual contact poses NO RISK of transmission of diseases such as HIV.
6. Information will be disclosed to outside agencies or individuals only with the specific written consent of the rider or client (or volunteers due to a medical emergency).
7. Breach of this confidentiality policy may result in reprimand, loss of certain job/volunteer responsibilities, or termination of services/employment, to be determined by the Program Director, Administrative Director, and/or Board of Directors based on the severity of the breach. Other grounds for dismissal of volunteers or staff include, but are not limited to: a) The use of drugs or alcohol on the grounds or at an NKT event, b) Verbal or physical abuse or sexual harassment or other inappropriate behavior toward participants or other volunteers or staff members, c) Mistreatment of the horses or other animals at NKT d) The expression of vulgar language, "off color" jokes, or disrespectful language, e) Frequent missed "work" or volunteer times, without prior explanation, f) Abuse of phone privileges, g) Smoking in prohibited areas.

I have read, I understand, and I will follow the guidelines of the confidentiality policy and volunteer/staff conduct at NKT (Parents/legal guardians must sign for children under 18 or wards of the court. Both parents/guardians must sign below if there is joint or shared custody.)

Signature: _____ Date: _____

Name (Print) _____ Date: _____

Signature of parent/guardian of minor: _____ Date: _____

Name (Print): _____ Date: _____

Signature of parent/guardian of minor: _____ Date: _____

Name (Print): _____ Date: _____



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

New Kingdom Trailriders (NKT) has put in place preventative measures to reduce the spread of COVID-19; however, New Kingdom Trailriders **cannot guarantee** that you, the volunteer, visitor, parent, legally responsible adult, or rider will not become infected with COVID-19. Further, **participating in lessons and/or program activities could increase** the risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that myself and/or rider may be exposed to or infected by COVID-19 by participating in lessons and/or program activities at New Kingdom Trailriders and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at New Kingdom Trailriders may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my rider and/or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my rider may experience or incur in connection with my/our participation in New Kingdom Trailriders programming. On my behalf, and on behalf of my rider, I hereby release, covenant not to sue, discharge, and hold harmless New Kingdom Trailriders, its employees, agents, and representatives, of and from the organization, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of New Kingdom Trailriders, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any New Kingdom Trailriders programming.

Participant's Signature *(if under 18 – legal responsible adult's signature)*

Date

Participant's Name - Printed

Date