

**Horse and Buddy  
Therapeutic Riding Program**

4728 Old US 1 Hwy  
New Hill, NC 27562

Email: [hb4vols@gmail.com](mailto:hb4vols@gmail.com)  
(919) 367-7740 / Barn

OFFICE USE:  
Dist List: \_\_\_\_\_  
Volgistics \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

**Volunteer Information Form**

• **Check which ONE applies:** Attended Training Class: \_\_\_\_\_ Worker Bee: \_\_\_\_\_ Junior Volunteer: \_\_\_\_\_ •

*You can only volunteer in lessons with kids / horses IF you have attended a Training Class*

**•If you are Under 18 – your parent MUST ALSO SIGN ALL FORMS!!!!•**

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date of Training Class \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail: \_\_\_\_\_ (we can add more than one!)

E-mail 2: \_\_\_\_\_ (we can add more than one!)

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ If student, name of school: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Self/Parent/Guardian Workplace: \_\_\_\_\_

How did you learn about this program? \_\_\_\_\_

Are you certified in CPR and/or First Aid? \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_

Have you ever been convicted of child abuse or sexual abuse? \_\_\_\_\_

Do you have any medical limitations, physical disabilities, or allergies? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

I can be available the following days and times: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING.  
THIS IS A BINDING CONTRACT THAT AFFECTS YOUR LEGAL RIGHTS**

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**LIABILITY RELEASE**

I recognize that participation in the activities in the Horse and Buddy program located at 4728 Old US 1 Hwy, New Hill, NC ("the facility") involves significant hazards and risks in riding and handling horses. I certify that neither I nor the participant for which I am responsible has any physical conditions which might interfere with my/his/her capacity to participate in horseback riding and other activities offered by the Horse and Buddy program. Knowing the inherent risks, dangers and rigors involved in horseback riding and other activities involving horses, I assume full responsibility for myself or the participant for which I am responsible for any and all bodily injury, death, loss of personal property and expenses thereof, which may occur as a result of participation in the handling of horses, horseback riding and other activities sponsored by the Horse and Buddy program or may occur at the facility. I waive any and all claims which may result from any such participation. I expressly release and waive all such liability and claims, even if they should arise out of the negligence of other persons, including other persons released hereby. I further agree that if anyone makes any claim on my behalf or on behalf of the participant for which I am responsible because of any injury, death or damage to property, I will indemnify and hold harmless all of those persons released by this agreement against any damage, or costs which may result because of those claims, including legal fees.

I will observe all rules, regulations and instructions of the facility and will exercise due care to avoid injury, damage or loss to person and property. I certify that I have received a copy of the current rules and policy and understand that any infractions of the rules may terminate any business I have with the program or right to participate in the program.

The persons and entities which are hereby released and to which the benefit of this liability and release adheres are Horse and Buddy, Inc. and its employees, volunteers, participants, guardians, officers, directors and any other person connected to or participating in the Horse and Buddy program.

I have read, understand and agree to the terms and conditions stated herein. I acknowledge that this agreement shall be effective and binding upon me and the participant for whom I am responsible during the entire period of my/his/her participation in the handling of horses and/or the participation and therapeutic riding lessons upon the premises of the facility.

**The undersigned understands that under North Carolina Law an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes.**

**SIGNATURE OF PARTICIPANT AND PARENT/GUARDIAN OF VOLUNTEER UNDER 18.**

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ Participants Signature

\_\_\_\_\_ Participants Printed Name

\_\_\_\_\_ **Parent / Guardian if UNDER the age of 18**

**•Any Volunteer Under the age of 18 all papers must ALSO be signed by Parent / Legal Guardian.•**

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### Volunteer Photo/Video Release

(Please choose either Consent or Non-Consent)

#### Consent Plan

I consent to and authorize the use and reproduction by Horse and Buddy of any and all photographs and any other audio-visual materials, including videotape, taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Date: \_\_\_/\_\_\_/\_\_\_      Consent Signature of Volunteer \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_      \*Consent Signature of PARENT/Legal Guardian: \_\_\_\_\_

#### Non-Consent Plan

I do not give my consent nor do I authorize the use and reproduction by Horse and Buddy of any photographs or any other audio-visual materials taken of me.

Date: \_\_\_/\_\_\_/\_\_\_      Non-Consent Signature: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_      \*Non-Consent Signature of PARENT/Legal Guardian: \_\_\_\_\_

### Volunteer General Information Release

As a volunteer at Horse and Buddy, I understand that I am required to report any accident or incident, no matter how minor, to a Horse and Buddy staff member so that a report may be filed, if necessary. Examples of incidents that must be reported: anyone being bitten, kicked, or stepped on by a horse, a child falling down, etc. I also agree to follow the rules posted in the barn or given by an instructor of Horse and Buddy staff member, with the understanding that these rules exist for the safety of the riders, volunteers, and staff members.

Date: \_\_\_/\_\_\_/\_\_\_      Signature: \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_      Signature of Parent /Legal Guardian: \_\_\_\_\_

● **Any Volunteer Under the age of 18 must ALSO have all papers signed by Parent / Legal Guardian.** ●

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### Confidentiality Policy

Because of the nature of the program, Horse and Buddy Therapeutic Riding Program may have access to confidential medical and financial records of riders. To protect the confidentiality of our riders, Horse and Buddy has instituted a confidentiality policy. Horse and Buddy Therapeutic Riding Program shall preserve the right of confidentiality for all riders participating in its program. Individuals bound by this policy include part and full time staff members, volunteers who may have access to confidential knowledge, independent contractors involved with the program, instructors and board members. Individuals subject to this policy shall keep confidential any and all medical, social, referral, personal, and financial information regarding a person and/or his or her family. All riders or rider parent(s), legal representatives, or others as defined by state statute must sign consent or non-consent release forms regarding medical and sensitive information disclosure, and consent or non-consent release forms regarding use of photography and/or videotape prior to participation in the program. Penalties for breach of confidentiality shall include the immediate loss of any responsibilities that would allow the individual access to confidential records. Additional penalties may include, at the discretion of the board of directors, reprimand, loss of certain job responsibilities, and/or termination from the program.

*I understand and will observe the confidentiality policy of Horse and Buddy.*

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

Date: \_\_\_/\_\_\_/\_\_\_      Signature of Parent/Legal Guardian: \_\_\_\_\_

**•Any Volunteer Under the age of 18 all papers must ALSO be signed by Parent / Legal Guardian. •**

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

Email: \_\_\_\_\_

Do you have other skills that you would be willing to use to help out Horse and Buddy?

Check all that apply.

- General Farm/ Outdoor Work
- Photography
- Administrative assistance (Name tags, Thank you cards, etc)
- Development/Fundraising
- Social Media
- Writing (general)
- Bookkeeping
- Videography
- Web Design
- Volunteer Recognition
- Graphic Design
- Drive Tractor/Heavy Equipment
- Marketing or sales
- Building Repair
- Grant Writing
- Business Strategy
- CRM (Salesforce)
- Other Skills: