

# Renaissance Healing & Learning Center

PLEASE FILL OUT  
BOTH SIDES

## Volunteer/Staff Information and Releases

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name & Address (if under 18) \_\_\_\_\_  
E-mail: \_\_\_\_\_

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

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Educational Background \_\_\_\_\_

Days Available \_\_\_\_\_ Hobbies/Interests \_\_\_\_\_

How did you learn about R.H.L.C. \_\_\_\_\_

Are you certified for CPR and/or First Aid \_\_\_\_\_ Date of Certification \_\_\_\_\_

Health limitations (if any): \_\_\_\_\_

Recent Medical Tests: Last Tetanus Shot: \_\_\_\_\_ TB Test + - Date: \_\_\_\_\_

Consult your physician if you are not up to date with these shots/tests.

Check areas in which you are interested:

### Program

- Grooming
- Cleaning Tack
- Schooling Horses
- Leader/Sidewalker
- Facility Repairs

### Administration

- Public Events
- Grant Writing
- Newsletter
- Volunteer Recruitment
- Budget & Finance

- Board of Directors
- Future Planning
- Photography / Video
- Public Relations
- Fund Raising

### Photo Release

- I  DO  
 DO NOT

consent to and authorize the use and reproduction by R.H.L.C. of any and all photographs and any other audio-visual materials taken of me for promotional purposes, educational activities, exhibitions or for any other use for the benefit of the program

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

### Volunteer/Parent/Guardian

#### Volunteer Liability Release

As a volunteer at R.H.L.C., I accept the risks and potential for risks of a horseback riding program. 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 R.H.L.C., its Board of Directors, Instructors, Therapists, Volunteers, and/or Employees for any and all Injuries and/or losses I may sustain while participating at R.H.L.C.

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

### Volunteer/Parent/Guardian

#### Confidentiality Agreement

I understand that all information about participants at R.H.L.C. is confidential and will not be shared with anyone without the express written consent of the participant and their parent/legal guardian in case of a minor.

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