

*T.H.R.I.L.*



## Therapeutic Horse Riding In Lindsay

### VOLUNTEER ANNUAL DECLARATION

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

\_\_\_\_\_ I have **NO** convictions under the *Criminal Code of Canada* up to and including the date of this declaration for which a pardon has not been issued or granted under the *Criminal Records Act*. I have **NO** charges that are ongoing or that have been withdrawn. I **have NOT been convicted** or been granted a pardon for any of the sexual offences that are listed in the schedule to the *Criminal Records Act* and to my knowledge I have never been nor I am currently being investigated for any of the sexual offences that are listed in the schedule to the *Criminal Record Act*.

#### VOLUNTEER LIABILITY RELEASE

\_\_\_\_\_ All volunteers are required to understand T.H.R.I.L. and Field of Dreams Farm rules and regulations, and abide by them. Safety boots and work gloves are strongly recommended. Leaders must wear gloves. I understand that my position at T.H.R.I.L. and Field of Dreams Farm is as a volunteer only. It is further understood that the facility staff and independent contractors are not responsible for any injuries or damages I may suffer while on the premises of Field of Dreams Farm.

\_\_\_\_\_ As a volunteer with T.H.R.I.L. therapeutic riding program at Field of Dreams Farm, I acknowledge the risks and the potential for risks of a horseback riding program. However, I feel that the possible benefits to me and the clients/visitors 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 Field of Dreams Farm and T.H.R.I.L., its Board of Directors, Instructors, Therapists, Volunteers and or Employees for any and all injuries and/or losses I may sustain while participating in the therapeutic riding lessons and/or other volunteer programs.

#### PHOTO RELEASE

\_\_\_\_\_ I consent to authorize the use and reproduction by Field of Dreams Farm and T.H.R.I.L., of any and all photographs and any other audiovisual materials taken for me for promotional material, educational activities, exhibitions, or any other use for the benefit of the lessons.

#### VOLUNTEER STANDARDS OF CONFIDENTIALITY

\_\_\_\_\_ I recognize that my role as a volunteer with the T.H.R.I.L. therapeutic riding program at Field of Dreams Farm will entitle me to certain information about riders and/or visitors which should be treated as confidential. All information given to me by a parent/instructor/rider/teacher/staff in relation to a rider and/or visitor will be discussed only with the personnel of T.H.R.I.L. and Field of Dreams Farm. At no time will I discuss any information about riders and/or visitors with any other individuals. I recognize that all material and papers pertaining to the rider's and/or visitor's care are legal documents, and that all information contained there is confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_

**T.H.R.I.L**

Visit us at [www.thril.ca](http://www.thril.ca)

Charitable # 76982 4913 RR0001

A non-profit charitable organization located at

Field Of Dreams Farm – Where Dreams Come True!

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