

Oak Hill Farm
Therapeutic Riding 
by Brenda Malcolm
NARHA Certified Riding Instructor

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Volunteer Registration and Release Form

Name (Please print): _____ DOB _____
Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
In case of emergency contact: _____ phone _____
phone _____

Please read and sign the following statements. Return signed statements before volunteering for the first time.
Thank you!

TRAINING CONFIRMATION

I have read the Oak Hill Farms manual in it's entirety and agree to abide by all policies, procedures and guidelines contained therein. If I do not understand any information contained in the manual I will ask for clarification.

Signature _____ Date _____

STATEMENT OF CONFIDENTIALITY

I, the undersigned, agree to hold in confidence all information given to me regarding any specific individual at Oak Hill Farms. All health histories, and personal information regarding particular individuals is covered by this agreement.

I will not discuss with my family, friends, acquaintances or general public, specific individuals, riders, staff or volunteers, or any information relating to an individual here at Oak Hill Farms.

Signature _____ Date _____

LIABILITY RELEASE

_____(Volunteer's name) would like to participate in the Therapy /Hippotherapy Riding program at Oak Hill Farms. I acknowledge the risks and potential for risks of horseback riding and associated activities. However, I feel that the possible benefits for the client 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 Oak Hill Farms, their therapists, volunteers and/or employees for any and all injuries and/or loss I may sustain while volunteering.

Signature _____ Date _____

PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by Oak Hill Farms, of any or all photographs and other audiovisual materials taken of me for promotional material, educational activities or for any other use that benefits the program.

Signature _____ Date _____