

# VICTORY THERAPY CENTER VOLUNTEER REGISTRATION FORM

682-831-1323

www.victorytherapy.org

Personal Information (Please print clearly)			
TODAY'S DATE		ORIENTATION DATE	
E-MAIL ADDRESS			
NAME, First & Last	D.O.B.	RACE	GENDER
ADDRESS		CELL #	
CITY	STATE	ZIP	HOME #
PARENT/GUARDIAN NAME		PHONE #	
EMPLOYER NAME OR SCHOOL NAME		OCCUPATION OR GRADE	
EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE #	
EMERGENCY CONTACT RELATIONSHIP		PLEASE INITIAL THAT HANDBOOK HAS BEEN RECEIVED	
HORSE EXPERIENCE: <input type="checkbox"/> NONE <input type="checkbox"/> BEGINNER <input type="checkbox"/> EXPERIENCED [explain]			

### ***Confidentiality Statement & Liability Waiver***

As a volunteer of the Victory Therapy Center's riding program, I understand that all client information is confidential. I understand and agree not to discuss or make any written reports or take any pictures without prior approval from the family and/or instructor and at no time will I use the client's last name. I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with are greater than the risks assumed. I, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Victory Therapy Center, its Board of Directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in programs or services at Victory Therapy Center. Finally, I have been notified that a Computerized Criminal History (CCH) verification check will be performed by VERIFYI and will be based on name and DOB identifiers that I supply.

Signature: \_\_\_\_\_

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

(If under 18, Parent or Guardian must sign)

### ***Photo Release***

I hereby consent to and authorize the use and reproduction by Victory Therapy Center of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

*I consent*

*I do not consent*

Signature: \_\_\_\_\_

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

(If under 18, Parent or Guardian must sign)

**WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE & REMEDIES CODE) A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.**