



Banbury Cross

Therapeutic Equestrian Center

### 2021 Volunteer Information Form

(Complete Highlighted Portion Only If You Have Active Online Database Account)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_ Gender: M F

Address: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ Text? Yes No (Other) \_\_\_\_\_

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

Parent/Legal Guardian Name and Contact: \_\_\_\_\_

How did you learn about Banbury Cross? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

#### PHOTO RELEASE

\_\_\_\_\_  
(Initial) I consent and authorize the use and reproduction by Banbury Cross Therapeutic Equestrian Center of any and all photographs and any other audio-visual materials taken of me for promotional material, education activities, exhibitions or for any other use for the benefit of the program.

#### VOLUNTEER LIABILITY RELEASE

\_\_\_\_\_  
(Initial) As a volunteer at Banbury Cross Therapeutic Equestrian Center, 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 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 Banbury Cross Therapeutic Equestrian Center, its board of directors, instructors, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in Banbury Cross Therapeutic Equestrian Center's program. Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

#### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Banbury Cross Therapeutic Equestrian Center to...

##### Consent Plan

\_\_\_\_\_  
(Initial) This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the Emergency Contact is unable to be reached.

-or-

##### Non-Consent Plan

\_\_\_\_\_  
(Initial) I do not give my consent for emergency medical treatment/aid in the case of illness or injury while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### CODE OF CONDUCT AGREEMENT

\_\_\_\_\_  
(Initial) As a volunteer of Banbury Cross, I promise to uphold the volunteer code of conduct and rules and regulations. Proper volunteer etiquette is listed in the volunteer manual which can be accessed on the website and the Volunteer Impact database. If at anytime my behavior is deemed unsatisfactory by Banbury Cross Staff, I may be dismissed from my volunteer duties.

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

Volunteer, or Parent/Legal Guardian (if volunteer is under 18 )