



Mission Ridge Stables
54410 Range Road 255, Sturgeon County, AB T8T 0T9
Tel: 780-953-2251 or 780-660-2792
missionridgestables@gmail.com
www.missionridgestables.com

Volunteer Registration

Name: _____ Date of Birth: _____

Name of Parent/Guardian(s) if applicable: _____

Address: _____

City: _____ Postal Code: _____

Phone (Home): _____ Phone (Mobile): _____

Email: _____

About you:

1. Have you ever worked with individuals with special needs, or small children?
2. Do you have any horse experience?
3. How did you hear about us?
4. When are you available to help?

LIABILITY RELEASE

As a volunteer with Mission Ridge Stables, I acknowledge the risk and potential for risk of a horseback-riding program. However, I feel that the possible benefits to the clients that I work with and to myself 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 and damages against Mission Ridge Stables, its Board of Directors, Instructors, Therapists, Volunteers, and/or Employees and the property of 54410 Range Road 255, Sturgeon County, AB for any injuries and/or losses I may sustain while participating at Mission Ridge Stables.

Date: _____ Signature: _____

Date: _____ Signature: _____
(Parent/Guardian if under age of 18)

PHOTO RELEASE

I consent to authorize the use and reproduction by Mission Ridge Stables of any and all photographs, and any other audiovisual materials taken of me for promotional material, educational activities exhibitions, or for any other benefit of the program.

PRINTED NAME: _____

Signature: _____ Date: _____

Signature: _____ Date: _____
(Parent/Guardian if under age of 18)

STANDARDS OF CONFIDENTIALITY

I, _____, recognize that my role as a volunteer with Mission Ridge Stables will entitle me to certain information about the riders which should be treated as confidential. All information given to me by a parent/instructor/rider in relation to a rider will be discussed only with the personnel of Mission Ridge Stables. At no time will I discuss any information about the riders with other parents or any other individuals. I recognize that the materials and papers pertaining to the rider's care are legal documents and that all information contained therein is confidential.

PRINTED NAME: _____

Signature: _____ Date: _____

Signature: _____ Date: _____
(Parent/Guardian if under age of 18)

EMERGENCY CONTACT:

Name: _____ Relation: _____

Phone: (C) _____ (H) _____

In case of emergency, I give permission to Mission Ridge Stables to secure medical treatment including X-Ray, hospitalization, and medication

PRINTED NAME: _____

Signature: _____ Date: _____

Signature: _____ Date: _____
(Parent/Guardian if under age of 18)