



Volunteer Interest Form
Please complete and mail original to:
CTR
P.O. Box 475
Abingdon, MD 21009

Name: _____ Nickname: _____

Address: _____
Street City State Zip Code

Email: _____

Home Phone: _____ Cell: _____

Occupation: _____ Employer: _____

Work Phone: _____ Birthdate: _____

If student, name of school: _____

How did you learn about CTR? _____

Do you have a criminal record? **Y/N** If yes, please explain: _____

**** CTR reserves the right to deny volunteer offers based on background check results. ****

Photo Release

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

Signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Volunteer Liability Release

As a volunteer at Chesapeake Therapeutic Riding, 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 Chesapeake Therapeutic Riding, its board of directors, instructors, therapists, volunteers and/or employees for all injuries and/or losses I may sustain while participating in Chesapeake Therapeutic Riding.

Signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

CTR has a number of volunteer positions available at different times of the day and during different seasons. Please indicate the volunteer opportunities you would be interested in:

Areas of Interest: ___ Horse Leading ___ Side Walking ___ Instructor
 ___ Horse Care ___ Administrative Support

Any other areas of interest? *For example: facility maintenance, special projects, etc...*

Please describe your prior horse experience and/or experience working with individuals with special needs:

Emergency Contact Information

Name: _____

Address: _____

Email: _____

Home Phone: _____ Cell: _____

Doctor: _____ Phone: _____

Hospital & Town: _____

In case of emergency, I give permission to secure medical treatment including x-ray, surgery, hospitalization and medication.

Signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with **Chesapeake Therapeutic Riding, Inc.** ("Client"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Active Screening, Inc., ("Active Screening"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Active Screening, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1800-319-5580. For information about Active Screening's privacy practices, see www.activescreening.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

Residents of Minnesota and Oklahoma only:

Under state law you have a right to receive a copy of your consumer report, free of charge, if one is required by Client. By checking the below box, a copy will be provided to you at the address you provide on this Disclosure and Authorization.

- I wish to receive a copy of any consumer report on me that is requested.

Residents of New York only:

Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Client by contacting Active Screening directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by checking the below box.

- I acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

Residents of Washington State only:

Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Active Screening directly.

Residents of California and Maine only:

Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on this Disclosure and Authorization.

Background checks will not be processed without payment.

Volunteer applications will not be accepted without a completed background check.

- I wish to receive a copy of any report on me that is requested.

- Enclosed is my check or money order for \$8.90 made payable to **Chesapeake Therapeutic Riding** for this background check.

Signature

Date

Last name

First name

Middle Name/Initial

Home Street Address

City

County

State

Zip

SSN

D/L or State ID

State Issued

Address

Email

For identification purposes only, please provide full DOB: _____

Please List Other Names Used:

Active Screening, Inc.
14499 Dale Mabry Hwy, Ste 201 South
Tampa, FL 33618
Phone: 800-319-5580 Fax: 800-319-5582
www.activescreening.com

Chesapeake Therapeutic Riding, Inc.

– A Certified Horse Discovery Center–

PARTICIPANT AGREEMENT

Assumption of Risk, Waiver of Liability, and Indemnification Agreement

Assumption of Inherent Risks: I understand and assume the inherent risks involved in equine activities, which risks include, but are not limited to, bodily injury, physical harm and even death to horses, riders, and spectators from using, riding or being in close proximity to horses may occur in normal use. I acknowledge that the behavior of any animal is contingent to some extent upon the ability of the handler or rider. Further, I understand that “inherent risks of equine activities” shall mean those dangers or conditions which are an integral part of equine activities, including, but not limited to:

- the propensity of any equine to behave in ways that may result in injury, harm, or death to persons on or around them and/or damage to property in their vicinity;
- the unpredictability of an equine’s reaction to such things as sounds, sudden movements and unfamiliar objects, persons or other animals;
- certain hazards such as surface and subsurface objects;
- collisions with other equines, animals, people and objects (fixed or otherwise);
- limited availability of emergency medical care; and
- the potential of a participant or spectator to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his/her ability.

Waiver of Liability: For the privilege of visiting the Horse Discovery Center and being in and around horses today, I, on behalf of myself, my family members, my heirs, personal representatives, or assigns, do hereby agree to release, waive, and discharge the Maryland Horse Industry Board (Department of Agriculture, State of Maryland) and its directors, employees, and agents (hereinafter “MHIB”), and Chesapeake Therapeutic Riding, Inc. (hereinafter “HDC”), its directors, managers, employees, volunteers, and agents from any liability or responsibility for accident, damage, injury, or illness to myself or any family member, guest, or spectator accompanying me, or to any personal property (including private vehicles) owner or operated by myself, a family member or guest while on the premises operated by HDC and owned by Chesapeake Therapeutic Riding, Inc. (hereinafter, “Property Owner”) resulting from the inherent risks of equine activities or from the ordinary negligence (active or passive) of MHIB, HDC, or Property Owner.

AND that except in the event of MHIB, HDC, or Property Owner’s gross and willful negligence, I agree not to bring any claims, demands, actions and causes of action, and/or litigation, against MHIB, HDC, and/or Property Owner for any economic and non-economic losses due to bodily injury, death, and/or property damage sustained by me in relation to the premises and operations of HDC, including while boarding, riding, handling, or otherwise being near horses owned by or in the care, custody and control of HDC.

Indemnification: I also agree to hold harmless, defend, and indemnify MHIB, HDC and Property Owner (including, but not limited to, costs associated with defending a suit, judgment, courts costs, investigation costs, and reasonable attorney fees) from any and all claims of mine, my family members, my guests, or other individuals arising from my injury or loss due to my participation as visitor, spectator, handler, or rider.

I further agree to hold harmless, defend, and indemnify MHIB, HDC, and Property Owner against any and all claims of co-participants, rescuers, and others arising from my conduct in the course of my participation as a visitor, spectator, handler, or rider

Acknowledgements, Assertions, and Agreements: I warrant that a full and fair disclosure of my equestrian experience, handling and riding abilities have been made to HDC, its managers/directors, employees, volunteers, and agents. Further:

Health Status – I assert that I:

- Do not have any undisclosed chronic physical or mental conditions that would contra-indicate participation as a spectator, handler, or rider in equine activities; or
- Have fully disclosed to HDC management any chronic conditions that could impair my ability to participate as a rider, handler, or spectator and have provided a doctor's release permitting my participation (if applicable); and
- Possess sufficient physical fitness and skill to enable safe participation with, on, and around equines.

Emergency Care – I authorize or agree that HDC:

- May administer emergency first aid, CPR, and use an AED defibrillator (if available) when deemed necessary by HDC management or by qualified emergency personnel;
- May secure emergency medical care or transportation (i.e., EMS) when deemed necessary by HDC management or by qualified emergency personnel;
- May share my medical history with emergency medical personnel (if made known to HDC management); and
- Further, I shall assume all costs of emergency medical care and transportation provided on my behalf or that of my minor child.

Rules & Safety Equipment – I agree:

- To abide by the rules and regulations established by HDC.
- To wear an ASTM/SEI approved riding helmet at all times while mounted on the horse or pony;
- To wear appropriate footwear at all times while on the premises of HDC;
- That HDC is conducting all activities in good faith and may find it necessary to terminate my participation if it is determined that I am uncooperative or incapable of safely meeting the rigors of the activity; and
- I accept HDC's right to take such actions for the safety of myself, other participants, and/or the horses.

Covenant not to Sue; Mediation; Venue; and Severability Clauses: I covenant not to sue MHIB, HDC or Property Owner, or its members/directors, managers, employees, and agents for any present or future claim arising directly or indirectly from my participation with equines at the HDC facility. This includes claims resulting from the inherent risks of equine activities and the active or passive negligence of MHIB, HDC, or Property Owner.

This Agreement shall be construed and interpreted in accordance with the laws of the State of Maryland. Any action brought under this Agreement shall be brought within one (1) year of the incident or dispute giving rise to said claim. I further agree that *prior to litigation*, such incident or dispute shall first be mediated by a trained Mediator knowledgeable in equines and equine activities from a list acceptable to HDC. Costs of mediation shall be shared equally by the parties. In the event of litigation, the prevailing party shall be entitled to costs and fees associated with the litigation, including reasonable attorney fees and reimbursement of mediation fees. All mediation and legal actions shall be conducted in Harford County, Maryland.

I also expressly agree that this Participant Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Maryland and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

CONFIDENTIALITY AGREEMENT FOR CTR

I understand that all information (written and verbal) about participants at CTR (Chesapeake Therapeutic Riding) is confidential and will not be shared with anyone without the expressed written consent of the participant (and their parent or guardian in the case of a minor). This includes all social media outlets. (Social media outlets include—but are not limited to—Facebook, Twitter, Snapchat, and Instagram). I also understand that photographs and video recordings are also not permitted on the premises.

Printed Name

Signature

Date