



Visitor Release Form Special Event Volunteer Release Form

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

How did you hear about Central Kentucky Riding for Hope? _____

Liability Release

As a volunteer/visitor with Central Kentucky Riding for Hope, Inc. I acknowledge the risks and potential for the risks of a horseback-riding program and horse related activities. However, I feel 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 damage against Central Kentucky Riding for Hope, Inc. and The Kentucky Horse Park, its Board of Directors, Employees, Instructors, Therapists, Aides, Volunteers, Equines, Equine Owners, Equipment and the Operating Site for any and all injuries and/or losses I may sustain while participating at Central Kentucky Riding for Hope, Inc. "WARNING: Under Kentucky law, a farm animal activity sponsor, farm animal professional, or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities."

Signed _____ Date: _____
Signature of parent/guardian if volunteer is under 18 years of age

Photo Release

_____ I DO _____ I DO NOT consent to and authorize the use and reproduction by Central Kentucky Riding for Hope, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibits, electronic publications (including the World Wide Web) or for any other use for the benefit of the program.

Signed: _____ Date: _____
(Signature of parent/guardian if visitor/volunteer is under 18 year years of age).

Confidentiality Statement

I understand that any and all information, both written and verbal, regarding participants at Central Kentucky Riding for Hope, Inc., and confidential business matters shall be held in strict confidence at all times except as needed within the facility for therapy and/or business purposes. I understand that a breach of confidentiality is grounds for dismissal and may also result in legal prosecution.

Signed: _____ Date: _____
Visitor's/Volunteer's/Personnel's signature regardless of age

Authorization for Emergency Medical Treatment & Consent

In the event that medical aid/treatment is required due to illness or injury while visiting Central Kentucky Riding for Hope, Inc., I authorize Central Kentucky Riding for Hope, Inc., to secure and retain medical treatment and transportation if needed. This authorization includes X-ray, surgery, hospitalization, medication, and any treatment deemed "life saving" by the physician. This provision will only be invoked if the contact persons below cannot be reached.

Signed: _____ Date: _____
(Signature of parent/guardian if visitor/volunteer is under 18 year years of age).

Print name: _____

Allergies: _____

Person(s) to be contacted in case of an emergency:

1. Contact: _____ Phone: _____

2. Contact: _____ Phone: _____