



Agreement and Waiver Form

Staff Volunteer

This agreement/waiver will remain in effect until the signer presents an updated, signed form.

Due to the nature of Willow Creek Ranch Therapeutic Riding Center programs, the following information is needed to ensure a safe and respectful environment, recognize PATH International responsibilities and promote insurability.

Please Print Clearly

Name: (please print) _____ I am under age 18*

Authorization for background check:

Yes, I authorize a criminal background check to the extent permitted by state and federal law. This check will be made from public record sources.

Have you ever been charged with or convicted of a crime? No Yes If yes, please explain: _____

Confidentiality Agreement

Yes, I understand that all information (written and verbal) about participants/volunteers/staff at this PATH Intl. Center is confidential and will not be shared with anyone. The Health Insurance Portability and Accountability Act (HIPAA) provides privacy protection and patient rights through federal law. Your initials _____

Photo/Audio/Video Release

Yes, I consent to authorize the use and reproduction by Willow Creek Ranch, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, education activities, exhibitions, etc., for the benefit of the program.

No, I do not authorize the use of photos/audio or video of me and/or my dependent(s)/ward _____

Volunteer/Staff Liability Release

Yes, as a volunteer/staff at WCR, Inc., I acknowledge the risk of a horseback-riding/equine use program. However, I feel that the possible benefits to me and the clients I work with are greater than the risk I assume. I hereby intend to be legally bound, for myself, my heirs and assigns, executors or administrators, to waive and release forever all claims for damage against Willow Creek Ranch, Inc., its Board of Directors, instructors, therapists, volunteers and/or staff for any and all injuries and or losses I may sustain while participating in Willow Creek Ranch, Inc. programs and activities.

NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes.

Adherence to Rules and Policies of Willow Creek Ranch, Inc.

Yes, I agree to learn, stay informed and follow the rules and policies of Willow Creek Ranch, Inc.; to respect my fellow volunteers, participants, horses, staff and guests; to focus on the mission and needs of the organization; to keep safety for myself and others in mind at all times; and to exhibit an appropriate behavior, attitude and respect to others as a volunteer or staff and representative of Willow Creek Ranch, Inc.

Participation

Yes, I agree to the Confidentiality Agreement, Photo/Audio/Video Release indication, Volunteer/Staff Liability Release, and Adherence to Rules and Policies as indicated above. I understand what is expected of me. I know of no reason why I should not participate in activities at Willow Creek Ranch, Inc.

Signature: _____ Date: _____

* I am under age 18 - My parent or guardian has read and agrees to the above agreements and waivers.

Parent/Guardian Name (please print) _____

Parent/Guardian signature _____ Date: _____