

Office Use Only  
Training \_\_\_\_\_  
Date: \_\_\_\_\_  
ID#: \_\_\_\_\_  
Link: \_\_\_\_\_

## RIDING TO THE TOP THERAPEUTIC RIDING CENTER

14 Lilac Drive, Windham, ME 04062

Phone (207) 892-2813 Fax (207) 892-6523

### Volunteer Registration and Release Form



#### Forms Must Be Updated Annually

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work # \_\_\_\_\_ Email Address: \_\_\_\_\_

Best form of communication (circle one)      email      cell      home phone      work phone

Thank you for your interest/participation in Riding To The Top programs. To stay in touch, share news and happenings at RTT we use text messaging, voice mail, email and direct mail. **OPT OUT- If you there is/are any method(s) of communication you do not want us to use, please list here** \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Address: \_\_\_\_\_

Parent Name(s) (if under 18) \_\_\_\_\_

As a volunteer, I would like RTT to contact me to assist with the following: (please check all that apply)

**Please note:** Minimum age for barn work and side walking is 14; minimum age for horse leading is 16

- |   |  |
|---|--|
| <input type="checkbox"/> Lesson Program (Side Walking or Horse Leading) | <input type="checkbox"/> Office Work or Administrative Tasks |
| <input type="checkbox"/> Barn Work/Chores                               | <input type="checkbox"/> Committee or Board Work             |
| <input type="checkbox"/> Special Events/Fundraising                     |  |

Please list the days and times you are available to volunteer \_\_\_\_\_

Are there any health restrictions that might limit your ability to walk or provide physical support with your arms for up to an hour that we should be aware of? (Please list) \_\_\_\_\_

Please describe your horse experience, if any \_\_\_\_\_

Please describe your experience working with people with disabilities, if any \_\_\_\_\_

How did you hear about Riding To The Top? \_\_\_\_\_

Why are you interested in volunteering with RTT? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

Please list two personal references we may contact:

Name \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

In accordance with Federal Law and USDA Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability (not all prohibited bases apply to all programs). To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C., 20250-9410, or call 1-800-795-3272 (voice) or 202-720-6382 (TDD). USDA is an equal opportunity provider and employer.

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**RIDING TO THE TOP**  
**THERAPEUTIC RIDING CENTER**

**Authorization for Emergency Medical Treatment**

In the event that emergency medical aid and/or treatment is required due to illness or injury, I authorize Riding To The Top Therapeutic Riding Center to secure medical treatment and transportation if needed on my behalf. In the event of an emergency, please attempt to contact the following Emergency Contacts:

Volunteer Name: \_\_\_\_\_

Emergency Contact (1) \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact (2) \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Physician Consent Plan:**

This authorization includes x-ray, surgery, hospitalization, medication and any other treatment procedures deemed "life saving" by the physician. This provision will only be invoked if the person(s) listed above is unable to be reached.

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility for Emergency Care: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

**Consent Plan:**

I do consent to emergency medical treatment/aid or hospitalization in the case of illness or injury.

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

(Volunteer, Parent or Guardian if under 18)

**Non-Consent Plan:**

I do not consent to emergency medical treatment/aid or hospitalization in the case of illness or injury. In the event that emergency care is required, I request the following procedures be followed: \_\_\_\_\_

\_\_\_\_\_

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Volunteer, Parent or Guardian if under 18)

**Confidentiality Statement:**

I understand that I may be made aware of confidential information regarding rider diagnoses, etc. I understand that under no circumstances shall this information be shared with individuals external to Riding To The Top Therapeutic Riding Center and that information is provided solely for the purposes of improving the therapeutic benefit to the rider(s) participating in lessons at Riding to the Top Therapeutic Riding Center.

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

**Photo/Video Release :**

I hereby give my consent and authorize Riding To The Top Therapeutic Riding Center to use and reproduce any and all photographs or videos taken of myself for promotional printed/video materials, educational activities or for any other use which would benefit Riding To The Top Therapeutic Riding Center.

Consent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Volunteer, Parent or Guardian if under 18

Non-Consent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Volunteer, Parent or Guardian if under 18

**RIDING TO THE TOP THERAPEUTIC RIDING CENTER PARTICIPATION WAIVER AND RELEASE AGREEMENT**

Participation Waiver and Release Agreement is made by and between the undersigned rider, volunteer or participant in an equine activity or equine event (the "Participant"), the Participant's parents, guardians, or conservators if the Participant is a minor or ward ("Participant's Parents or Guardians"), and Riding to the Top Therapeutic Riding Center (the "Equine Activity Sponsor" and/or "Equine Professional"). This Agreement is a requirement and condition of participation in any equine activity or equine event conducted, provided, operated, organized or sponsored by the Equine Activity Sponsor or Equine Professional or whose property, facilities, animals, equipment or personnel are used in such connection.

In consideration of the opportunity to participate in equine activities or equine events, the Participant and, if a minor or ward, Participant's Parents or Guardians agree as follows.

1. Inherent Risks. The Participant and Participant's Parents or Guardians acknowledge and understand that horses and activities related to horses are inherently dangerous and that those dangers and conditions integral to equine activities or equine events include, but are not limited to, the propensity of horses to behave in ways that may result in damage to property or injury, harm, or death to persons on or around them (including behaviors such as bucking, biting, rearing, stepping on, falling, stumbling and shying); the unpredictability of a horse's reaction to sounds, movements, unfamiliar objects, persons, or other animals; certain hazards such as surface and subsurface conditions; collisions with other horses, riders, or objects; the potential for the Participant to act in a negligent manner or otherwise fail to maintain control over the animal; and unpredictable or erratic actions by others on or near animals. Despite these inherent risks, the Participant has chosen, and Participant's Parents or Guardians have chosen to permit the Participant to work with and around horses and participate in equine activities and equine events.

2. Duties and Obligations; Statutory Assumption of Risk and Limitation of Liability. The Participant and Participant's Parents or Guardians are advised that under Maine law, with certain limited exceptions, an equine activity sponsor, equine professional or any other person engaged in an equine activity is not liable for any property damage or damages arising from the personal injury or death of a participant or spectator resulting from the inherent risks of equine activities. The Participant and Participant's Parents or Guardians are further advised that Maine law provides that each participant and spectator in an equine activity expressly assumes the risks and legal responsibility for any property damage or damages arising from personal injury or death that results from the inherent risks of equine activities. Each Participant has the sole responsibility for knowing the range of that person's ability to manage, care for and control a particular horse or perform a particular equine activity. It is the duty of each Participant to act within the limits of the Participant's own ability, to maintain reasonable control of the horse at all times while participating in any equine activity or event, to heed all warnings and instructions, and to refrain from acting in a manner that may cause or contribute to the injury of any person or damage to property. The Participant and Participant's Parents or Guardians understand these duties and obligations and have considered the Participant's particular physical, mental, and emotional condition or challenges in undertaking this express assumption of risk.

3. Release and Waiver. The Participant and Participant's Parents or Guardians understand the risks and dangers inherent in equine activities and do hereby waive and agree not to make any claim or seek any recovery from the Equine Activity Sponsor and Equine Professional and their respective directors, officers, trustees, shareholders, employees, contractors, agents and assigns for any property damage or damages for personal injury or death resulting from the inherent risk of equine activities.

The Participant and the Participant's Parents or Guardians hereby further release and discharge the Equine Activity Sponsor and Equine Professional and their respective directors, officers, trustees, shareholders, employees, contractors, agents, and assigns from any and all actions, causes of actions, liabilities, claims, demands, damages, costs and expenses of any kind including, but not limited to, any claim of damages for bodily injury, illness, disease, death or loss of personal property now existing or which may in the future occur or result, directly or indirectly, from participation or involvement in any equine activity, program, or event. The Participant and Participant's Parents or Guardians understand and agree that this Release and Waiver is intended to be as broad as the law allows and specifically covers all claims or demands that may be based in whole or in part on the fault or negligence of the Equine Activity Sponsor and Equine Professional and their respective directors, officers, trustees, shareholders, employees, contractors, agents, and assigns.

4. Acknowledgment. The Participant and the Participant's Parents or Guardians acknowledge that they have been given an opportunity to read and consider this Participation Waiver and Release Agreement. The Participant and Participant's Parents or Guardians understand that this **DOCUMENT CONTAINS AN EXPRESS ASSUMPTION OF RISK, A PROMISE NOT TO SUE, AND A WAIVER, AND RELEASE AND INDEMNITY FOR ALL CLAIMS.**

**WARNING**  
**UNDER MAINE LAW, AN EQUINE ACTIVITY SPONSOR, EQUINE PROFESSIONAL, OR OTHER PERSON ENGAGED IN EQUINE ACTIVITIES HAS LIMITED LIABILITY FOR INJURY OR DEATH RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES (7 M.R.S.A. §§ 4101; 4103-A).**  
**PARTICIPANT**

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Print Name)

**PARENTS, GUARDIANS OR CONSERVATORS ARE REQUIRED TO EXECUTE AGREEMENT IF PARTICIPANT IS A MINOR OR WARD**

I am the parent, guardian or conservator of the Participant named in this Agreement. I have read the Agreement and understand its terms. I consent to the Participant's participation in the equine activities and equine events, and consent to the terms of participation. I have executed this Agreement on my own behalf and on behalf of the Participant. I agree to indemnify and hold harmless the Equine Activity Sponsor and Equine Professional and their respective directors, officers, trustees, shareholders, employees, contractors, agents, and assigns from any and all claims, demands, and actions that might be brought against them by or on behalf of the Participant, or other person claiming injury or loss as a result of any injury or loss to the Participant, including but not limited to claims, demands, or actions based in whole or in part on the negligence or fault of the Equine Activity Sponsor or Equine Professional.

**PARENT/GUARDIAN/CONSERVATOR:**

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Print Name)

**PARENT/GUARDIAN/CONSERVATOR:**

\_\_\_\_\_  
(Signature) (Date)

\_\_\_\_\_  
(Print Name)



**Riding To The Top COVID-19 Risk Assessment  
and  
Communicable Diseases Liability Release**

**Name of Participant:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_  
(if applicable—N/A if Not applicable)

**FOR ALL RTT PARTICIPANTS AND VISITORS**

Before returning to the farm, we will ask everyone to review and complete this personal risk assessment for you (and if appropriate, your child), our Communicable Diseases Liability Release and sign them.

**COVID-19 Risk Factors (from the CDC):**

Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People 65 years and older
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
  - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes, liver disease or chronic kidney disease undergoing dialysis

**Each day before you come to the farm please attest to the following:**

I attest that:

1. I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
2. I have not traveled to other states requiring quarantine (by the state of Maine) in the past 10 days or if I have, I have proof of a negative COVID-19 test.
3. I do not believe I have been exposed to someone with suspected or confirmed case of the Coronavirus/COVID-19.
4. I do not have COVID-19.
5. I am following all Maine CDC recommended guidelines as much as possible and limiting my exposure to possible exposure to the Coronavirus/COVID-19.

If you cannot attest to any of the above, we ask that you do not come to the farm for 14 days or until you have received negative results from a COVID test.

I/we have read and understand the above information and the attached “RTT Guidelines for Personnel at the Farm” and understand the risks of COVID-19 and the precautions that I must take with regard to returning in any capacity to Riding To The Top.

I, \_\_\_\_\_, am aware of the potential spread of communicable diseases (e.g. COVID-19, H1N1, common flu, etc.), that could result in severe illness and potential death. I wish to participate in activities at Riding To The Top Therapeutic Riding Center (RTT) and understand that RTT is following all applicable state and federal guidelines to protect the public as well as personnel at the farm and minimize the spread of COVID-19 on site. To this extent, I agree to follow RTT policies and procedures (based on CDC and State guidelines) regarding physical distancing and hygiene requirements to reduce the spread of COVID-19.

- 1) I agree to practice physical distancing and maintain a minimum of six (6) feet of distance between myself and others as much as possible.
- 2) I agree to have a face covering available at all times and agree to wear it (worn over my nose and mouth) any time physical distancing cannot be maintained in order to reduce the risk of exposure to myself and others.
- 3) I agree to sign in/out each day that I am at the farm with the appropriate arrival and departure time and to check off my compliance with RTT’s Risk Assessment questions.
- 4) I agree to use proper hygiene (hand washing, sanitizing, cough/sneeze protection, etc.) at all times.

RTT agrees to notify you should RTT learn that any participant or personnel tested positive for COVID-19 who you were or may have had contact with. All efforts will be made to protect the privacy of individuals in these situations.

Riding To The Top is not responsible for any potential exposure to COVID-19, which is not a direct result of negligence on the part of RTT employees, volunteers, or the organization.

By signing below, I (my child) agrees to comply with the written instructions attached and the requirements listed in the **RTT Risk Assessment**. Failure to comply with these written instructions or verbal instructions from staff may result in my participation privileges being removed and I may be asked to leave the premises.

Client Name: \_\_\_\_\_

If a minor, Parent/Guardian Name: \_\_\_\_\_

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

## **Riding To The Top Therapeutic Riding Center Guidelines for Participants/Family Members**

### **General Guidelines:**

- All participants and family members will be asked to do a **Risk Assessment** prior to returning to the farm and it is expected that they will follow the guidelines of the **RTT Risk Assessment Policy** *each day* before coming to the farm.
- All participants must adhere to strict scheduling guidelines. Only authorized personnel may be at the farm on any given day.
- All participants should provide their own masks. RTT does have a limited supply of disposable masks for distribution.
- Gloves, in general, are not recommended. **Frequent hand washing/sanitizing is the most effective means of preventing transmission of COVID-19.**
- Please wash your hands before coming to the farm and bring a mask.
- Upon arrival, **enter using the doors by the tack room.** Please enter/exit using the right hand door (as you face the door). Upon arrival, use hand sanitizer, sign in, including the time of your arrival, at the table in the hallway and use hand sanitizer again. Prior to leaving, sign out with the time of your departure. Use the same hand sanitizing procedure for signing out.
- As much as possible, after touching surfaces, please sanitize your hands. If hands are dirty, please wash fully (20 sec. with soap).
- Personnel shall at all times strive to maintain physical distancing of six feet or more both indoors and outdoors. According to Governor Mills' Executive Order, "individuals must wear cloth face covering in public settings where other physical distancing measures are difficult to maintain." **At RTT, when appropriate physical distancing cannot be maintained, a mask must be worn.** All personnel at the farm shall have a mask on their person at all times and should be prepared wear it if physical distancing of less than six feet is anticipated.
- If using the bathroom, we ask that individuals spray all touched surfaces—toilet handle, soap dispenser and sink faucet. Cleaner will be located in the bathrooms.—NOTE: RTT staff will be responsible for spraying down surfaces after use by participants.
- All commonly touched surfaces will be disinfected daily by assigned RTT staff.
- All equipment used by staff, volunteers or participants will be cleaned or sanitized after use.

**PLEASE KEEP THIS PAGE AS A REFERENCE**