

Handicapped High Riders Club  
t/a: Riding High Farm  
145 Route 526, Allentown New Jersey, 08501

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VOLUNTEER REGISTRATION

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Name of parents (if under 18):  
\_\_\_\_\_

Preferred method to communicate with you by? \_\_\_ phone \_\_\_ cell \_\_\_ text

Have you ever been convicted of a felony or misdemeanor? \_\_\_ No \_\_\_ Yes

If yes, please provide details: \_\_\_\_\_

Physical Fitness Do you have any existing medical, physical, cognitive or emotional conditions/medication/allergies we should be aware of in case of an emergency or that might limit your ability to volunteer? (e.g. behavioral issues, asthma, epilepsy, back problems, diabetes, high blood pressure, etc.) If yes, please explain:  
\_\_\_\_\_

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

**Signature of Parent/Legal Guardian if under 18**

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Volunteer Hours You are available

Please circle

Sunday	8:30am- 11:30	11am-2pm
Monday	4pm-6pm	6pm-8pm
Tuesday	4pm-6pm	6pm-8pm
Wednesday	4pm-6pm	6pm-8pm
Thursday	4pm-6pm	6pm-8pm
Friday	4pm-6pm	6pm-8pm
Saturday	8:30am- 11:30	11am-2pm

office use only: orientation date: \_\_\_\_\_

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Photo Release I hereby irrevocably consent [ ] / Non-consent [ ] to allow Riding High Farm to use the photograph(s) and/or video(s) of me for any purpose, and in any manner, including without limitation to print media, television, exhibition, social media, publication and any trade or advertising purpose.

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

**Signature of Parent/Legal Guardian if under 18**

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Confidentiality Policy As a volunteer who works with our Riding High Farm clients, you will be given enough background information, so you may be informed as to the rider's needs. The circumstances of a rider's life, condition, disability, actions or behavior are considered confidential. Under NO circumstances are you to divulge this information to anyone other than Riding High Farm personnel.

I have read and understand this Policy of Confidentiality and agree to abide by same

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

**Signature of Parent/Legal Guardian if under 18**

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Liability Release It is understood that, being aware of the risks and exposures to personal injury involved through equestrian activities, I hereby release Riding High Farm and its employees assisting in any official capacity on their behalf, from all and every claim for damages which may occur to me or property in any connection with any lesson, clinic, practice, schooling or any work with horses on the stable grounds or away from the grounds of Riding High Farm  
Allentown NJ

WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997,C.287,C:5:15-1 ET ESQ.

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

**Signature of Parent/Legal Guardian if under 18**

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Authorization for Emergency Medical Treatment Form

Check all that apply: Participant\_\_ Staff\_\_ Volunteer\_\_

PLEASE PRINT:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Legal Guardian (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

(Caregiver: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Physician:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Consent Signature (Client, Parent or Legal Guardian)

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while participating in activities administered by Handicapped High Riders Club LLC/ Riding High Farm Inc.; I authorize Riding High Farm to: 1. Secure and retain medical treatment and transportation if needed. 2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

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

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

**please indicate Client, Parent or Legal Guardian**

Non- Consent Signature (Client, Parent or Legal Guardian)

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while participating in activities administered by Riding High Farm

**A parent/legal guardian will always remain on the site during these activities.**

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

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

**Please indicate: Client, Parent or Legal Guardian**

## Code of Conduct

Riding High Farm is a community-based organization dedicated to providing equine assisted therapy . Participation in the organization's program is subject to the observance of the organization's rules and procedures. The activities outlined below are strictly prohibited Any participant, family member, visitor, staff or volunteer who violate this Code of Conduct is subjected to removal from the program.

- Abusive language toward anyone
- Possession or use of Alcoholic beverages or illegal drugs on the property
- Reporting to the program under the influence of drugs or alcohol.
- Verbal, Physical or visual harassment of anyone
- Failing to cooperate with an adult supervisor

I have read and understand the Riding High Farm Code of Conduct. I agree to abide by the rules described and understand that I may be removed from the property and not permitted to return if I violate any of these rules.

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

Signature of Parent/Legal Guardian if under 18

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