

**Maryland Therapeutic Riding  
Visitor and Specialty Volunteer Registration and Release Form  
PLEASE COMPLETE ENTIRE FORM**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

**In case of Emergency, contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Please indicate any medical conditions or medications we should be aware of in the event of an emergency:**

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**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:** In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize the staff of Maryland Therapeutic Riding, Inc. to: Secure and retain medical treatment and transportation if needed and release records upon request to the authorized individual or agency involved in the medical emergency treatment.

**Consent Plan**

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 emergency contact above is unable to be reached.

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

*(Parent/Guardian if the individual is 17 years old or younger.)*

**OR Non-Consent Plan- (Only sign and complete this portion if you DO NOT want to consent to emergency treatment)**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury while being on the property of the agency.

- Parent or legal guardian will remain on site at all times while volunteering
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

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

*(Parent/Guardian if the individual is 17 years old or younger.)*

**PHOTO RELEASE (please check):**

\_\_\_\_\_ I hereby **consent** to and authorize the following;

\_\_\_\_\_ I **do not consent** to, nor do I authorize:

Maryland Therapeutic Riding, Inc.'s use and reproduction of any and all photographs and other audiovisual material taken of me for promotional printed materials, social media, educational activities, exhibitions, or for any other use for the benefit of the program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Parent/Guardian if the individual is 17 years old or younger.)*

**LIABILITY RELEASE:** I recognize that horseback riding, assisting in riding lessons, caring for, and being in the near vicinity of horses are high risk activities. I hereby agree that my involvement in such activities and/or my presence on MTR premises is at my own risk. I hereby release MTR, its officers, employees, volunteers and agents from any and all liability arising out of my participation in such activities and/or my presence on MTR premises (including costs and attorney's fees) regardless of whether or not liability is premised on negligent actions or omissions of such released parties or otherwise.

I hereby agree to indemnify and hold harmless MTR, its officers, employees, volunteers and agents from any and all suits, actions, claims of any type arising out of my involvement in such activities and/or my presence on MTR premises whether or not such suits, etc. are premised on negligent actions or omissions of such indemnified parties or otherwise. I have read this agreement and fully understand its contents.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Parent/Guardian if the individual is 17 years old or younger.)*

