

**Equine Partners CIC**  
**Volunteer information Sheet**



First Name.....

Surname.....

Date of Birth.....

Address.....

.....

Tel Home.....

Mobile.....

**Emergency Contact:**

1 Name..... Number .....

2Name..... Number.....

Please detail any disability or medical conditions that may affect your ability to ride or which your instructor should be aware of in case of emergency (e.g. Back problems, diabetes, epilepsy). You may be asked not to ride if we feel it would be of significant risk to yourself, the horse or other riders.

Do you have any allergies?.....

Have you had a Tetanus injection? ..... When?.....

What experience have you had with horses?.....

.....

I acknowledge **that being around horses HOLDS POTENTIAL DANGER**, and that all horses may react unpredictably on occasions. I understand that I must obey the instructions of the Equine Partners CIC Staff and must comply with the health and safety requirements of the establishment at all times. I acknowledge that I have the right to refuse a request if I feel it will put me at risk of harm.

I confirm that to the best of my knowledge all the above details are correct. I give permission for any emergency or first aid treatment to be given as deemed necessary by the first aider on duty or by attending paramedics or doctors  
**A parent or guardian of volunteers under the age of 18 must sign this form.**

**Volunteers AGED 18 YRS AND OVER: I confirm that the above information is correct and I agree that I undertake all activities with Equine Partners CIC entirely at my own risk and I have read and understood the terms and conditions set out above.**

**Volunteers UNDER 18 YRS OF AGE: I accept full responsibility for allowing my child to participate in Equine Partners CIC activities and confirm that the above information is correct and that they understand the terms and conditions set out above.**

**DATA PROTECTION ACT 1998: Statement:** I understand that the information I have given will be held in accordance with the Data Protection Act 1998 and may also be made available to Insurers and other parties in the event of any injury or incident.

If signing on behalf of a young rider please state relationship to Volunteer: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to take and use photographs**

If you are happy for us to take pictures of you (your child if under 18) for use on our website, social networking pages, and in newsletters or brochures please complete the following declaration.



If the volunteer wishes to bring their own camera/phone (at their own risk) we will happily take pictures for their personal record. Thank you.

I grant to Equine Partners CIC the right to take photographs of me (my child) in connection volunteer activities. I authorize Equine Partners CIC its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Equine Partners CIC may use such photographs of me without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Address \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)

**Confidentiality and Intellectual Property Rights**

The Company, its partners associated companies and clients ("the Companies"), have valuable property rights including copyright, trade secrets and confidential information. It will be a condition of the volunteering accepted by signature, that you do not disclose information concerning these rights or concerning the business of the companies unless expressly authorized to do so. The obligation will continue after you stop volunteering with us. You should be aware that at all times after the termination of you must observe the strictest confidence with regards to the affairs, dealing and concerns of the companies. In addition, restrictive confidentiality should also apply to the affairs, dealing and concerns of any company, firm or person with whom the Companies had dealt during your volunteering. You must not, unless expressly authorized on behalf of the Companies disclose, divulge or communicate to any third party any trade secrets knowledge or information of a confidential nature (including, but not limited to commercial, technical, financial, therapeutic and sales information) relating to the Companies business. This restriction applies to any information relating to employees of the Companies, it's employees and customers and clients. The Companies will not hesitate to take action against you, whether through the courts or otherwise, should you be found to be acting in any way in breach of your obligations.

The Company owns all intellectual property that the volunteer develops or has input into during their volunteering. This includes but not limited to research, Session Plans and activities, Publications, work in current development, Project development marketing events and qualifications/certificate programs

**Restrictive Covenants**

Your volunteering with us is conditional on your acceptance of the following restrictive covenants. The persons with whom you transact business in the course of your duties are clients of the company, its partners, associated companies and you acknowledge that you have dealt and /will be dealing with them on that basis. If your volunteering with us ceases for any reason you agree (so as to protect the business interests of the company and the integrity of the therapeutic work) that you will not directly or indirectly deal or communicate with any person or with any other client of the Company, partners or associated companies for a period of not less than two years from ceasing your engagement whether or not it is you who approaches the client or vise versa and also whether or not it is you who personally dealt with the client.

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_