Equine Partners CIC Volunteer information Sheet



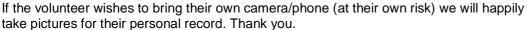
First Name			
Surname			
Date of Birth			
Address			
Tel Home			
Mobile			
Emergency Contact:			
1 Name	Number		
2Name	Number		
Please detail any disability or medical conditions that may affect your ability to ride or which your instructor should be aware of in case of emergency (e.g. Back problems, 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 u with the Data Protection Act 1998 and may also be or incident. If signing on behalf of a young rider please state in the state of th	pe made available to Ir	surers and other parties in the event of any injury	
Signature: Print	Name:	Date:	

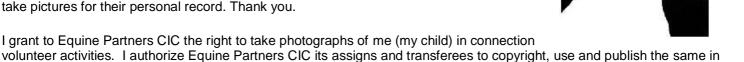
PTO

Permission to take and use photographs

print and/or electronically.

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.





Equine

Partners

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 copyright, trade secrets and confidential information. It will be you do not disclose information concerning these rights or concerning the series of continue after you starter the termination of you must observe the strictest confidencempanies. In addition, restrictive confidentiality should also firm or person with whom the Companies had dealt during you on behalf of the Companies disclose, divulge or communicate information of a confidential nature (including, but not limited information) relating to the Companies business. This restrict Companies, it's employees and customers and clients. The Company owns all intellectual property that the voluntee includes but not limited to research, Session Plans and activity development marketing events and qualifications/certificate property.	e a condition of the volunteering accepted by signature, that oncerning the business of the companies unless expressly op volunteering with us. You should be aware that at all times ence with regards to the affairs, dealing and concerns of the apply to the affairs, dealing and concerns of any company, our volunteering. You must not, unless expressly authorized e to any third party any trade secrets knowledge or to commercial, technical, financial, therapeutic and sales tion applies to any information relating to employees of the Companies will not hesitate to take action against you, d to be acting in any way in breach of your obligations.
you transact business in the course of your duties are clients acknowledge that you have dealt and /will be dealing with the reason you agree (so as to protect the business interests of the second s	the company and the integrity of the therapeutic work) that by person or with any other client of the Company, partners or a from ceasing your engagement whether or not it is you who
Signature	Printed name