Dear Volunteers,

Heritage Christian Stables Therapeutic Horsemanship Program could not operate without the dedication of caring volunteers. Volunteers are an integral part of the Heritage Christian Stables team that brings the benefits of therapeutic horsemanship to people with disabilities and diverse needs. Looking forward to a fantastic 2019 year!
Thank you!

**Heritage Christian Stables 2019 Riding Sessions**

<table>
<thead>
<tr>
<th>Session</th>
<th>Session Dates</th>
<th>Session Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snow Bunny</td>
<td>January 7 - February 16, 2019</td>
<td>6 weeks</td>
</tr>
<tr>
<td>Winter Classic</td>
<td>February 25 – April 20, 2019</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Spring</td>
<td>April 29 – June 29, 2019</td>
<td>9 weeks</td>
</tr>
<tr>
<td>Summer</td>
<td>July 8 – August 31, 2019</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Fall</td>
<td>September 9 - November 30, 2019</td>
<td>12 weeks</td>
</tr>
<tr>
<td>December activities</td>
<td>TBA</td>
<td></td>
</tr>
</tbody>
</table>

Horse Show: TBD

Therapeutic Riding is offered in five sessions throughout the year and volunteers may choose to participate in any or all of the sessions. An Online Orientation, Introductory, Focused Trainings, and Update Sessions are provided throughout the year. Please call the Stables at 585-872-2540, email Volunteer Coordinator at volunteerhcs@gmail.com or check our Heritage Christian Stables Therapeutic Riding Facebook page to learn more about our training dates and topics.

Prior to volunteering, the volunteer packet of information must be completed. Please download the packet from our website: www.heritagechristianstables.org or contact Heritage Christian Stables.

**Physical Address:** Heritage Christian Stables is located on 1103 Salt Road, Webster, NY  14580

**Mailing Address:** PO Box 200, Webster, NY 14580 - stamp price for packet is $.75

Heritage Christian Stables is looking forward to a great 2017 season.

**Please retain this form for your records.**
Heritage Christian Stables
Authorization for Emergency Medical Treatment Form

Name ________________________________________________________________

Address ___________________________________________________________________________

Street / PO Box __________________________________ City ____________________________

State _______________________ Zip ______________________

Home Phone ___________________________  DOB __________________________________

Cell Phone ______________________  Email _________________________________ Can we text you?  Yes ___  No ___

If unable to email or text, what is best way to contact you? _________________

Physician’s Name__________________________________ Medical Facility____________________

Health Insurance Company __________________________________Policy # ___________________

Allergies to Medications ______________________________________________________________

Current Medications _________________________________________________________________

In the event of an emergency, contact:

Name________________________________  Relation ________________Phone________________

Name ________________________________ Relation________________ Phone________________

Name ________________________________ Relation ________________Phone________________

In the event that emergency medical aid/treatment is required due to illness or injury during center activities, or while on the property of the agency, I authorize Heritage Christian Services / Stables to:

1. Secure and maintain medical treatment and transportation if needed.

2. Release participant 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 “life saving” by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature ___________________________________ Date _______________________

Legal guardian

Please return to: Heritage Christian Stables, PO Box 200, Webster, NY  14580
Email: volunteerhcs@gmail.com  Fax: 585-872-4847
Questions?: Heritage Christian Stables at 585-872-2540
**Release and Hold Harmless Agreement**

**Volunteer Liability Release**

As a volunteer at the Heritage Christian Services / Stables, I can acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself, and the clients I work with are greater than the risks assumed. I hereby, intend to be legally bound, for damages against Heritage Christian Services, Inc., its Board of Directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or loss I may sustain while participating in Heritage Christian Services / Stables.

Name of Participant ____________________________________________________________

Signature_______________________________________________  Date ________________

**Self or Legal Guardian**

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**Photo Release**

I □  DO  □  DO NOT

Consent to and authorize the use and reproduction by Heritage Christian Services, Heritage Christian Stables, and its representatives, of any and all photographs and any other audiovisual materials taken of me/my child for promotional material, educational activities, exhibitions or for any other use for the benefit of Heritage Christian Stables and Heritage Christian Services, including use on the Heritage Christian Stables’ Facebook page.

I understand that I may revoke this authorization at any time by a signed, dated notice to Heritage Christian Stables. I further understand that any such revocation does not apply to the extent that persons authorized to use my information may have already acted in reliance on this authorization.

Signature _____________________________________________________ Date _______________

**Self or Legal Guardian**

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**Confidentiality Agreement**

*I understand the confidential nature of all records maintained by Heritage Christian Stables and I agree not to disclose or divulge any information contained in these records.*

Signature _____________________________________________Date ______________

**Self**

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**Volunteer Education Documentation**

*I have reviewed the included materials for the Volunteer Education Documentation Information:*

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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