



Volunteer Registration

Signed Registration Form with Release must be submitted to maintain Volunteer Status.

Participants Name: _____

Update any changes to current information:

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Emergency Contact Information:

1. Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

2. Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please read/initial each Consent/Release listed and sign below:

Emergency Medical Treatment:

CONSENT PLAN:

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Strongwater Farm to:

- Work with Tewksbury State Hospital Registered Nurse/Case Manager to secure and retain medical treatment and transportation if needed.

Photo Release:

I DO ___/DO NOT ___ consent to and authorize the use and reproduction by Strongwater Farm of any and all photographs and any other audio/visual materials taken for promotional materials, educational activities, exhibitions or for any other use Strongwater Farm deems to be of benefit to its program.

Confidentiality Agreement:

I understand that all information, written and verbal, about Applicants in Strongwater Farm’s lessons and programs and volunteers and personnel of Strongwater Farm is strictly confidential and I agree not to share it with anyone without the express written consent of such Applicant, volunteer or personnel and his/her parent/guardian/caregiver in the case of a minor.

Inherent Risks of Equine Activities and Release from Liability:

WARNING

Under Massachusetts law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of chapter 128 of the General Laws.

Participant would like to participate in equine activities at Strongwater Farm Therapeutic Equestrian Center, Inc. (“Strongwater Farm”). I (or the Participant’s Parent(s)/Guardian(s)) acknowledge and understand that horses and activities related to horses are inherently dangerous and that there are dangers and risks which are an integral part of equine activities, the Participant or the Participant’s Parent(s)/Guardian(s) acknowledge the risks and potential for risks of equestrian activities. Despite these inherent risks, the Participant (or the Participant’s Parent(s)/Guardian(s)) feels that the possible benefits to himself/herself/his or her son/daughter/ward are greater than the risks assumed, and the Participant (and the Participant’s Parent(s)/Guardian(s)) has chosen to participate in Strongwater Farm’s equestrian program (the “Activities”) (and the Participant’s Parent(s)/Guardian(s)) have agreed to allow the Participant to engage in the Activities). The Participant (and the Participant would like to participate in equine activities at Strongwater Farm Therapeutic Equestrian Center, Inc. (“Strongwater Farm”). I (or the Participant’s Parent(s)/Guardian(s)) Participant’s Parent(s)/Guardian(s)) agree that he or she shall not hold Strongwater Farm Therapeutic Equestrian Center, Inc. liable for injury to or death of the Participant (or the Participant’s Parent (s)/Guardian(s)) resulting from or related to his or her involvement in equine activities and/or the Activities. The Participant (and the Participant’s Parent(s)/Guardian(s)) intending to be legally bound hereby remise, release and forever discharge Strongwater Farm Therapeutic Equestrian Center, Inc. its officers, directors, employees, independent contractors, assigns, members, insurers, instructors, therapists, aides, participants, agents, representatives and any others acting on Strongwater Farm’s benefit, for him or herself and his or her heirs, executors and administrators, of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that he or she now has or hereafter can or may have or which his or her heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death of the Participant (or the Participant’s

Parent(s)/Guardian(s)) caused by or in any manner related to equine activities and/or the Activities or while participating in Strongwater Farm's equestrian program. Moreover, I understand that Strongwater Farm is an equine activity sponsor, as M.G.L. ch 128, section 2D defines that term and that Strongwater Farm Therapeutic Equestrian Center, Inc. shall not be liable for any injury or death that results from the inherent risks of equine activities, and I shall not make any claim on my own or the Participant's behalf against Strongwater Farm Equestrian Center, Inc. The Participant (and Participant's Parent(s)/Guardian(s)) hereby acknowledges that he or she has been warned about the risks related to equine activities and the Activities. The Participant (and the Participant's Parent(s)/Guardian(s)) has had the opportunity to ask questions of Strongwater Farm and is satisfied that he or she understands the risks involved in equine activities and the Activities. By his or her execution of this Release Form, the Participant (and the Participant's Parent(s)/Guardian(s)) agrees to be bound by and comply with the terms hereof and acknowledges that he or she wishes to engage in equine activities despite the risks and potential dangers involved. The Participant (and the Participant's Parent(s)/Guardian(s)) has not relied on any representations, statements or warranties of Strongwater Farm other than those specifically set forth herein.

Inherent Risks of Equipment Use and Release from Liability:

Release and **Waiver: Volunteer** does hereby release and forever discharge and hold harmless Strongwater Farm and its successors and assigns from any and all **liability**, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from **Volunteer's** Activities with Strongwater Farm.

Volunteer's Medical History:

Physician's Name: _____ Telephone: _____

Preferred Medical Facility:

Allergies to Medications:

Current Medications:

Special Precautions, Diets/Needs/Allergies:

May participate in all activities: Yes _____. May participate except for: _____

Mobility: Independent Ambulation: Y ____ N ____ Assisted Ambulation? Y ____ N ____ Wheelchair? Y ____ N ____

Date: _____ Consent Signature: _____
Participant (or Parent, Legal Guardian, or Caregiver if under 18 years)



STRONGWATER FARM
THERAPEUTIC EQUESTRIAN CENTER

500 Livingston Street
P.O. Box 754
Tewksbury, Massachusetts 01876
978.851.5540
www.strongwaterfarm.org

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Strongwater Farm Therapeutic Equestrian Center, Inc. is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, or current licensees.

As a prospective or current employee, subcontractor, volunteer, license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **Strongwater Farm Therapeutic Equestrian Center, Inc.** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **Strongwater Farm Therapeutic Equestrian Center, Inc.** with written notice of my intent to withdraw consent to a CORI check.

I also understand that **Strongwater Farm Therapeutic Equestrian Center, Inc.** may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgment Form is true and accurate.

SIGNATURE

DATE



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SUBJECT INFORMATION: (An asterisk (*) denotes a required field.)

***Last Name *First Name Middle Name Suffix**

Maiden Name (or other name(s) by which you have been known)

*** Date of Birth * Place of Birth * Last Six (6) Digits SS #: XXX - ____ - _____**

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Name Mother's Name

Last First Last First Maiden

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

Below For Office Use: Information verified by review of following form(s) of government-issued ID.

Employee Current Employee New Volunteer Current Volunteer New
Program Volunteer Current Name of Program _____
Program Volunteer New Name of Program _____

VERIFIED BY: _____

Name of Verifying Employee (Please Print)

Signature of Verifying Employee