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2010 CONFIDENTIALITY COMMITMENT & RELEASE FORMS

Mountin' Hopes policy on confidentiality states:

1. Volunteers shall respect the confidentiality of riders' medical, social, referral, personal, and financial information and records.
2. Volunteers will restrict communications about riders, their families, their records, and above information to Mountin' Hopes professionals (i.e., directors, instructors, and therapists), and the post-class evaluation time.
3. All such communications will be solution-focused and for the purpose of enhancing services to the rider.

I, _____, have read and understand Mountin' Hopes' policy on confidentiality, and I promise to abide by it. Date _____ Signature _____

LIABILITY RELEASE

WARNING: Under North Carolina law, an equine activity sponsor, or equine professional, is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina General Statutes. Inherent risks of equine activities means those dangers or conditions that are an integral part of engaging in an equine activity, including, but not limited to, the possibility of an equine behaving in ways that may result in injury, harm, or death to persons on or around them, and/or the unpredictability of an equine's reaction to such things as sounds, sudden movement, unfamiliar objects, persons, or other animals.

I acknowledge the risks and potential for risks of working around horses and/or participating in construction, landscaping, working with power tools and farm machinery, and other volunteer activities. However, I feel that the possible benefits to myself and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Mountin' Hopes, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating in Mountin' Hopes.

Date _____ Signature _____

PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by Mountin' Hopes of any and all photographs and any other audiovisual materials taken of me/ my son/ my daughter/ my ward for promotional material, educational activities or for any other use for the benefit of the program.

Date _____ Signature _____