



Volunteer Responsibilities

Dear Volunteers,

What is expected when you volunteer with Opening Gaits:

- Be reliable and punctual
- Be trustworthy
- Respect confidentiality
- Respect the rights of people you volunteer with
- Have a non-judgmental approach
- Carry out the specified job description
- Give feedback (i.e. participate in evaluations when asked)
- Be accountable and accept feedback
- Be committed to the program
- Avoid overextending yourself
- Acknowledge decisions made by the organization
- Address areas of conflict with the appropriate staff member or volunteer coordinator
- Undertake training
- Ask for support when it is needed
- Stay safe on the job; for example, make sure that you are never alone with a student

By accepting these responsibilities, you are ensuring all our students will have the necessary number of side walkers and leaders and they will be able to ride in their scheduled classes safely.

We would like to stress that it is okay if you can't attend a class, but we do need to know in advance because the more notice you give the easier it is to find another volunteer to fill your spot.

If you are not able to volunteer, please give our phone number a call or text ([403-254-4184](tel:403-254-4184))

We thank you for dedicating your time to Opening Gaits without you we couldn't successfully run our program.

Thank you for your understanding,

Opening Gaits Board of Directors



Volunteer Application Form
Opening Gaits Therapeutic Riding Society of Calgary
Mailing Address: P.O. Box 76062 Millrise RPO SW, Calgary, AB T2Y 2Z9
Classes are Held at: Bar None Ranches, 322133 Hwy 552 W, De Winton, AB T0L 0X0
Telephone/Text or Leave a Message: 403-254-4184

Please Print

Full Name: _____

Contact Phone Numbers: _____

Full Mailing Address: _____

Email address: _____

DOB (Under 18 years of age only) _____

Please Indicate Areas You Wish To Volunteer:

_____ Grooming and Tacking

_____ Leading a Horse

_____ Side Walker

_____ Greeter

_____ Fund Raising

_____ Volunteer Recruitment

Relevant Experience: _____

Please let us know of your expectations of Opening Gaits in this role:

Emergency Contact

Name: _____ **Phone Number:** _____

Physician: _____ **Physician Phone Number:** _____

Known Medical Conditions or Allergies: _____

Signature or parent/guardian for individuals under 18

Date

Please indicate where you can commit to volunteering below. Opening Gaits will send an email allowing you to sign up and indicate through the software 'TrackItForward'.

We ask you attend the Volunteer Orientation which will be schedule January 2024 to meet with our instructors and horses.

Please note you are expected at the Barn 1 hour prior to any of the classes

Monday	Adults	
C1	10.00-11.00am	
C2	11.30 - 12.30pm	

Wedns Eve	Mixed	
C1	6.00 - 7.00pm	
C2	7.30 - 8.30pm	

Friday	Adults	
C1	10.30-11.30am	
C2	12.00-1.00pm	
C3	2.00 - 3.00pm	

Saturday	Mixed	
C1	9.00 - 10.00am	
C2	10.30 - 11.30am	

Saturday	One on One	
12.30pm		
1.00pm		
1.30pm		
2.00pm		
2.30pm		
3.00pm		
3.30pm		



Media Release Form

From time to time, Opening Gaits or the media may take photographs, video, or film of you and/or your participant, which may be used in, but not limited to displays, brochures, newspapers, magazines, television, and/or website. Your participant will not be denied access to the program if this section is not signed.

I, _____ (parent/guardian) hereby consent to and authorize the use and reproduction, by Opening Gaits Therapeutic Riding Society of Calgary, of any and all photographs and any other audio visual materials taken of me, my son, my daughter, or my ward for promotional printed material or for any other use for the benefit of the program.

Signature: _____ Date: _____

Volunteer Liability Release

As a volunteer of Opening Gaits Therapeutic Riding Society of Calgary, I acknowledge the risks and potential for risks of a therapeutic horseback riding program. However, I feel that the possible benefits to the participants I work with and myself 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 Opening Gaits Therapeutic Riding Society of Calgary, its board of directors, instructors, therapists, volunteers, and/or employee/contractors for any and all injuries and/losses I may sustain while participating in the therapeutic riding program, or any activities of the aforementioned society.

Signature of volunteer: _____ Date _____

Signature of parent/guardian for individuals under 18 _____ Date _____

Volunteer Standards of Confidentiality

I, _____ recognize that my role as a volunteer with Opening Gaits Therapeutic Riding Society of Calgary will entitle me to certain information about riders and Opening Gaits Therapeutic Riding Society of Calgary which is confidential. All information given to me by a parent/instructor/care giver/etc. in relation to a rider or Opening Gaits Therapeutic Riding Society of Calgary will be discussed only with personnel of Opening Gaits Therapeutic Riding Society of Calgary.

At no time will I discuss any information about riders with other parents or any other individuals. I recognize that all materials and papers pertaining to the rider's care are legal documents, and that all information contained therein is confidential.

Signature _____ Date _____

Witness _____ Date _____

Thank you for your commitment to volunteer at Opening Gaits. The riders, families/guardians, instructors and the board of directors appreciate your involvement in the program.



Opening Gaits Therapeutic Riding Society of Calgary
PO Box 76062, Millrise RPO.
Calgary, Alberta, T2Y 2Z9

Date:

Dear

We would like to thank all volunteers and let them know how much Opening Gaits values the time you spend at the arena, with our horses and riders.

Opening Gaits Therapeutic Riding Association of Calgary will be requiring all volunteers undergo a Police Information Check as well as a Vulnerable Sector check performed by an agency. If you have a current PIC/VSC please forward.

In order to show due diligence in this regard, we ask our volunteers to call their nearest detachment in their jurisdiction before arriving, as each jurisdiction has its own protocol to follow.

Please take this letter to your local detachment. Upon completion of the checks, we ask you return the Police Information and Vulnerable Sector checks to me, and **Opening Gaits will reimburse your fee.**

We request and encourage you to obtain these record checks as soon as possible, given this check can take up to three weeks to complete. I will have hard copies of this letter at the office if you do not have access to a printer.

Thank you for your cooperation in this matter.

Lesley Ann Shire

Lesley Ann Shire
Executive Director
Opening Gaits Therapeutic Riding Society of Calgary

Charitable # 873508022 RR0001

BAR NONE RANCHES LTD(Opening Gaits Waiver) updated May 2022

MEMORANDUM OF ASSUMPTION OF RISK, WAIVER, RELEASE, INDEMNITY AND COVENANT NOT TO SUE

The Undersigned is a horse rider, volunteer, contract worker or the parent or legal guardian of a child under the age of 18 who has the opportunity to handle horses and/or ride horses (the “**Handler/Rider**”) at the equestrian facilities of Bar None Ranches Ltd (“**Bar None**”) located near DeWinton, Alberta (the “**Bar None Facilities**”).

In consideration for the privilege of the Handler/Rider being allowed to stable horse(s) at the Bar None Facilities, ride horse(s) at the Bar None Facilities, handle horse(s) Bar None Facilities and generally be involved in all or any number of equestrian activities and social events at the Bar None Facilities (collectively called the “**Bar None Equestrian Events**”), and as a condition precedent to the participation by the Handler/Rider in the Bar None Equestrian Activities, the Handler/Rider has agreed to provide this Memorandum of Assumption of Risk, Waiver, Release and Indemnity and Covenant Not to Sue (this “**Memorandum**”), and the Handler/Rider has committed to always wear, or to cause the said child to wear, a CSA approved equestrian helmet when riding any horse at the Bar None Facilities.

The Handler/Rider hereby acknowledges that there are certain risks to the Handler/Rider of physical injury, property damage, illness or even death that might arise from the Bar None Equestrian Activities. In addition, the Handler/Rider understands that there may be other risks to the Handler/Rider associated with the Bar None Equestrian Activities of which the Handler/Rider may not be presently aware including risks arising from the negligence of the persons for whom this Memorandum is intended to benefit. By signing this Memorandum, the Handler/Rider hereby expressly assumes all such risks, whether such risks are known or unknown to him or her at the time of signing.

The Handler/Rider hereby waives any and all claims that he, she, or they may have, or may have in the future, against Bar None and its directors, officers, agents, independent contractors, trainers, insurers, employees, representatives, corporate donors/sponsors, volunteers and their respective heirs, executors, administrators, successors and assigns (hereinafter collectively referred to as the “**Releasees**”). Accordingly, the Handler/Rider hereby releases, remises and forever discharges the Releasees from and in respect of all actions, causes of action, suits, debts, statutory obligations, sums of money, claims and demands of every nature and kind whatsoever, at law or in equity, which the Handler/Rider ever had, now has or which he or she may at any future time have against the Releasees, or any one or some of them, arising out of or in connection with the Bar None Equestrian Activities.

Additionally, the Handler/Rider hereby covenants that he or she shall not under any circumstances whatsoever, commence or pursue any suit, action, claim or other form of legal or administrative proceedings of any nature or kind whatsoever against the Releasees, or any one or some of them, with respect to any matter arising out of or in connection with the Bar None Equestrian Activities.

If for any reason whatsoever the Handler/Rider, even in face of this Memorandum, commences any suit, action, claim, or other form of legal or administrative proceedings of any nature or kind whatsoever (a “**Claim**”) against the Releasees, or any one or some of them, or if any other person or party commences any Claim against the Releasees or any one or some of them, as a result of or in connection with the Bar None Equestrian Activities, then the Handler/Rider shall and does hereby indemnify the Releasees from and in respect of all damages, costs, expenses and other liabilities of every nature and kind whatsoever, including without restriction, all legal costs on a solicitor and his or her own client basis, arising out of or in any way connected with any such Claim and/or the involvement of the Handler/Rider in the Bar None Equestrian Activities.

The Handler/Rider has executed and delivered this Memorandum with the intention that it shall be fully binding not only on him or her personally, but also on his or her heirs, executors, administrators, successors, assigns and insurers or those of the said child for whom the Handler/Rider has signed this Memorandum.

THE UNDERSIGNED HAS CAREFULLY READ AND HAS UNDERSTOOD THIS MEMORANDUM AND AGREES TO BE BOUND BY ALL OF ITS TERMS.

Dated this ____ day of _____, 202__.

Signature of the Handler/Rider or Parent if child is under 18

Witness to the signature of the Handler/Rider

Please print Name of Handler/Rider or Parent if child is under 18

Please print Name of witness

Please print Name of child Rider

Please print Name of Horse