

Volunteer Application Form

Opening Gaits Therapeutic Riding Society

P.O. Box 76062 Millrise RPO SW

Calgary, Alberta

T2Y 2Z9

Telephone: 403-254-4184



Please Print clearly!

Full Name: _____

Phone Number: _____ Email _____

Full Mailing Address: _____

***** We use **INSTATEAM** to communicate with all volunteers, you will need the APP downloaded and our team code is **LETGGN** this is our main form of communication and volunteer sign up*****

Which areas are you interested in volunteering in? Please check all that apply.

____ Grooming and Tacking ____ Leading a Horse ____ Side Walker ____ Casino vol ____ Board member

____ Poop picker/maintenance ____ Fund Raising ____ Volunteer Recruitment ____ Instructing

Other: _____

Relevant Experience: _____

Please bear in mind safety is our first priority and we may do things differently to what you are used to!

Barn is at 4 DeWinton Ridge Rd, De Winton. Please Drive less than 20kmhr on property, no smoking and no dogs allowed. Please park with the other vehicles on the east side of the arena to leave room for clients parking.

Please Indicate Times Available:

Weds: 2.00pm - 7.00pm _____ Friday: 8.45am - 3.30pm _____ Sat: 8.45am - 12.30pm _____
Sat 12.00pm -4.30pm _____ Other _____

Emergency Contact

Name: _____

Phone Number: _____ Alternate Phone Number: _____

Signature _____

Date _____

Signature of parent/guardian for individuals under 18

Media Release Form



From time to time, Opening Gaits or the media may take photographs, video, or film of you, which may be used in, but not limited to displays, brochures, newspapers, magazines, television, and/or websites.

I, _____ 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 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/caregiver/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.

Volunteer Responsibilities

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, we walk for around an hour a lesson
- 👉 Acknowledge decisions made by the organization
- 👉 Address areas of conflict with Samantha or our volunteer coordinator Shirley
- 👉 Undertake training & ask for support when it is needed
- 👉 Stay safe on the job; e.g, make sure that you are never alone with a student

Most of all to have fun & become part of our OG family!

By accepting these responsibilities, you are ensuring that 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 use **INSTATEAM** to communicate classes and volunteer sign up, please “set your attendance” as far in advance as you can so we can be aware of numbers for classes to run properly. It is our volunteers that make the magic happen!

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.

Please update status on INSTATEAM and if you are not able to volunteer, please call or text Samantha (403-254-4184) (Operations Manager) or Shirley (825) 712-5433 (Volunteer coordinator & Instructor)

We thank you for dedicating your time to Opening Gaits. Without you we couldn't successfully run our program. Please print form and add your name and date and have the police check completed and returned.

Thank you for your understanding,

Opening Gaits Operations Manager, Volunteer Coordinator & Board of Directors



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

Dear: _____ DATE: _____

We would like to thank you for signing up to volunteer and let you 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. (valid for 5 years)

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 to return the Police Information and Vulnerable Sector checks to me, with a receipt, 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.

Thank you for your cooperation in this matter.

Samantha Lethbridge

Operations Manager

Opening Gaits Therapeutic Riding Society of Calgary

(403) 254-4184 openinggaitssociety@gmail.com

Acknowledgement of Risk and Release of Liability

Warning: This Agreement Will Affect Your Legal Rights. Read it Carefully!

The Parent/Guardian Must Read and Understand this Waiver Prior to Underage Children or Mentally Challenged Adults Participating, hereby referred to as the "Participant", in Equine Activities. The Participant Must Read and Understand this Waiver Prior to Participating, hereby referred to as the "Participant" in Equine Activities.

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me on behalf of the Participant named below with and for the benefit of: **Opening Gaits Therapeutic Riding Society of Calgary**, its operations manager, board, members, contractors, volunteers, business operators, agents, and site property owners **(Christine & Mike Hansen)** or lessees (the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes but is not limited to therapeutic riding, Equine facilitated learning, arena riding, sleigh rides, or riding instruction provided by the "Host" to the "Participant".

Initial Each Item below after Reading and Understanding each item:

_____ 1. I am the Participant or Parent/Guardian of the "Participant" and am executing this waiver on behalf of the "Participant" in my capacity as Participant or Parent/Guardian and with the intent that this waiver be binding on me and the "Participant" for all legal purposes.
Name: _____

_____ 2. I am aware that there are inherent dangers, hazards, and risks ("Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to:

(a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects.

(b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects; and (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.

_____ 3. I freely accept and fully assume all responsibility for all "Risks" and possibilities of any and all personal injury, death, property damage or loss resulting from the "Participant's" participation in "Equine Activities".

_____ 4. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver on behalf of the "Participant", even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to myself or the "Participant" in the "Participant's" participation in "Equine Activities".

____ 5. In addition to consideration given to the "Host" for the "Participant's" participation in "Equine Activities", I and my heirs, next of kin, executors, administrators, and assigns, as well as the "Participant" and

his/her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives") agree:

- (a) to waive all claims that the "Participant" has or may have in the future against the "Host";
- (b) to release and forever discharge the "Host" from all liability for personal injury, death, property damage, or loss that I, the "Participant" or our "Legal Representatives" might suffer as a result of the "Participant's" participation in "Equine Activities" due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and
- (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demand, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Infant's participation in "Equine Activities".

____ 6. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada, and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".

____ 7. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between the "Host", me as the Participant or me as the Parent/Guardian, and the "Participant", and it is binding on myself, the "Participant" and our "Legal Representatives".

Please Print Clearly

Participant's
Name _____ Parent/Guardian's Name _____

Includes waiver for family listed below:

____ Date: _____
(Signature of Participant or Parent/Guardian of Participant if under 18))