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SHUMBASHABA – Horses Helping People
VOLUNTEER REGISTRATION AND INDEMNITY FORM 2017

A. VOLUNTEER REGISTRATION

Full Name: _____

Address: _____

Phone/s: _____

E-mail: _____

B. IN CASE OF EMERGENCY

Contact Name: _____

Address: _____

Phone/s: _____

Doctor: _____

Phone/s: _____

Medical Scheme: _____

Special Medical Conditions: _____

I hereby consent to a responsible member of Shumbashaba securing necessary medical treatment for me in the event of an emergency.

Volunteer's Initials: _____

C. VOLUNTEER LIABILITY AND RELEASE

While Shumbashaba will take all reasonable measures to ensure the safety of all those involved in equine assisted therapy under its auspices, I acknowledge the risks involved in equine assisted therapy and the risks inherent in dealing with large animals such as horses. I undertake, and bind my successors thereto, not to hold Shumbashaba or its members liable for damages in the event of mishap or injury sustained while participating in the Shumbashaba equine assisted therapy programme.

D. PHOTO RELEASE

I hereby consent to the use by Shumbashaba of any photographic and audiovisual material of me for promotional material, educational activities or any other use for the benefit of Shumbashaba.

E. VOLUNTEER NON-DISCLOSURE OF CONFIDENTIAL INFORMATION

I acknowledge that I may from time-to-time come into possession of medical and other confidential information during the course of my participation in the activities of Shumbashaba, which information I undertake to hold and keep confidential, and not to disclose same to third parties without the written consent of the persons concerned and/or Shumbashaba.

I, * _____, hereby agree to be bound by the conditions set-out herein, which conditions as appropriate shall survive termination of my membership of Shumbashaba, and to uphold the aims, principles and objects of Shumbashaba.

DATE: _____ SIGNATURE: _____

* Insert volunteer's or parent's name if the volunteer is under the age of 18.