



## PHYSICAL CONTACT POLICY

Due to the nature of the work at SARI Therapeutic Riding it is understood that physical contact with the participants by staff, instructors, therapists and trained volunteers is necessary.

Physical contact may include the following:

- Assisting riders when mounting.
- Assisting riders when riding a horse to maintain correct, safe posture and position.
- Assisting riders when dismounting.
- Where necessary to address safety and/or behavioural or other concerns, to quickly physically remove a rider from the horse.

Physical contact is undertaken for the well-being of the participant and is undertaken in the interest of providing a safe environment for all. Any physical contact that is necessary will be undertaken with the utmost discretion.

**I have read, understood and agree to the terms of the policy.**

Print Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

***If Participant Under 18***

Print Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO RELEASE FORM

I give consent to SARI Therapeutic Riding to publish still and moving photographs taken of the individual named below, for use in SARI's print, online, and video-based marketing and/or educational materials, as well as other publications. This includes but is not limited to use on SARI posters, social media, newsletter, email communications or for any other use for benefit of the program.

**I ACCEPT**

**I DECLINE**

Print Name of Volunteer/Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Volunteer/Participant: \_\_\_\_\_ Date: \_\_\_\_\_

***If Volunteer/Participant Under 18***

Print Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Note: It is the participant/parent/guardian's responsibility to notify the office if the status of this consent changes.