



**LITTLE BITS**

**THERAPEUTIC RIDING ASSOCIATION**

*for persons with disabilities*

## **Volunteer Agreement with Little Bits Therapeutic Riding Association (LBTRA)**

- In consideration of this application form, I hereby waive and release any and all claims against Little Bits Therapeutic Riding Association, their paid personnel, volunteers, as well as the Whitemud Equine Centre, for all injuries and expenses incurred by me during LBTRA activities
- I further give my permission to LBTRA and to persons designated by LBTRA to make photographic, and/or audiovisual recordings of myself and to publish or display them.
- In case of an emergency, the undersigned authorizes LBTRA to provide such medical assistance as they determine to be necessary.
- I understand that any personal information I am given regarding a rider is confidential and I agree to keep that information in confidence.

**Print Applicant Name:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Parent or Guardian Name:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(Parent or guardian, only if applicant is under 18 years of age)**

**Print Witness Name:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Little Bits Therapeutic Riding Association,**  
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Charitable Number: 11902 - 1277 RR0001