



HEALTH DIRECTED RIDING, INC.
Where Rehab Reins

Volunteer Confidentiality Statement

Volunteers are a valuable part of our Health Directed Riding, Inc. program. This document confirms that I am recognized as a volunteer of Health Directed Riding, Inc., which exists to provide quality recreational therapy services, in a safe environment. This document is in compliance with the provisions of RSA 508.17, the volunteer immunity law.

As a volunteer of Health Directed Riding, Inc., I have completed available and appropriate training. I understand and agree that in the performance of my duties as a volunteer, I must hold all personal and medical information regarding riders/families confidential. Rider issues may be discussed with the Health Directed Riding volunteer coordinator, director, instructors or therapists directly associated with the Health Directed Riding program.

I will endeavor to keep my standards of conduct high in order to uphold the quality of the Health Directed Riding program.

Signature of volunteer

Witness

Date