



LONESOME DOVE EQUESTRIAN CENTER

Volunteer Confidentiality Agreement

In the course of my work I may learn certain medical, social, or other information concerning the participants of Lonesome Dove Equestrian Center. By law, information concerning participants is considered strictly confidential and is not to be shared with friends, family members, or the public. I am entrusted with preserving the dignity of the participants, as well as their safety and well being.

I understand that all information (written and verbal) about participants as Lonesome Dove Equestrian Center is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor.

I understand that any violation of this Confidentiality Agreement will be grounds for immediate termination from my position with Lonesome Dove Equestrian Center.

Position: _____

Signature: _____ Date: _____

Printed Name: _____

Parent/Guardian Signature (if minor or ward): _____

Date: _____