



CONFIDENTIALITY
AGREEMENT

I, _____, recognize that my role as a volunteer or staff member with the Regina Therapeutic Riding Association will entitle me to confidential information about riders. All information given to me by a parent/instructor/rider or other source, such as a Physician, will be discussed only with the personnel of the Regina Therapeutic Riding Association unless written consent is provided by the rider/parent/guardian to share information with another specified body.

At no time will I discuss any information about riders with other parents or individuals. I recognize that all material and papers pertaining to the riders' care are legal documents, and that all information contained therein is confidential.

Signed: _____ Date: _____