



Volunteer Application

CONTACT INFORMATION

NAME		DATE OF BIRTH / AGE	
STREET ADDRESS			
CITY		STATE	ZIP CODE
CELL PHONE	HOME PHONE	DATE	
EMAIL ADDRESS			

AVAILABILITY

THERAPY SCHEDULE

Each half-hour session with a client runs approximately between 1:00 and 5:30 on Wednesdays and Thursdays. Saturdays between 9:00 and 12:30.

During which hours are you available for volunteer assignments?

WEDNESDAYS / Noon - 6pm

- FIRST SHIFTNOON - 3-3:30pm
- SECOND SHIFT 3pm - 6pm

SATURDAYS

- FIRST SHIFT.....8am - 10:30am
- SECOND SHIFT... 10am - 12:30pm
- Optional: Any 2 hours _____am

THURSDAYS / Noon - 6pm

- FIRST SHIFTNOON - 3-3:30pm
- SECOND SHIFT 3pm - 6pm

INTERESTS

Tell us in which areas you are interested in volunteering.

- Instructing for therapy
- Side walking for therapy
- Leading horses for therapy
- Barn Chores
- Catching, grooming, tacking horses
- Fundraising
- Special Events
- Cleaning
- Bookkeeping/Office Work

SPECIAL SKILLS or QUALIFICATIONS

Summarize your experience, special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. (describe horse experience as well.)

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME

RELATIONSHIP

STREET ADDRESS

CITY

STATE

ZIP CODE

CELL PHONE

HOME PHONE

EMAIL ADDRESS

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also affirm that I have reviewed the **Rides and Reins Volunteer Handbook** and hereby agree to comply with the terms set forth therein.

PARTICIPANT
NAME

PRINTED

SIGNATURE

IF UNDER 18, PARENT/
GUARDIAN SIGNATURE

DATE

OUR POLICY

IT IS THE POLICY OF THIS ORGANIZATION TO PROVIDE EQUAL OPPORTUNITIES WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, SEXUAL PREFERENCES, AGE OR DISABILITY.

Thank you for completing this application form and for your interest in volunteering with us.



RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT



In consideration of participating in equestrian activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Rides and Reins, TEC, Inc / Pine Ridge Riding Center LLC and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

- 1. I acknowledge that equestrian activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, death, paralysis or serious injury as a result of falls while riding horses; broken bones, bruises and other bodily injuries caused by contact with horses, such as being bitten by, kicked by or stepped on by horses; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

Print Name _____ Signature _____

Address _____ City _____ State _____ ZIP _____

Telephone _____ Cell phone _____

Email _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT

(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's name and age) being permitted to participate in this activity,

I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent/Guardian Signature _____ Print Name _____

Minor's DOB _____ Date _____

(If notarization is necessary, please sign and stamp this side of form.)

Photo Release: Consent and Authorize the use and reproduction by Pine Ridge Riding Center, LLC. and Rides and Reins TEC, Inc. of any and all photographs and any other audiovisual materials taken of me/my child/ my ward for promotional materials, educational activities, exhibitions or other use for the benefit of the program(s).

Signature _____ Parent or Guardian (Print) _____