



## Kansas Horse Council Regional Representative Commitment

I recognize the opportunity to serve as a Regional Representative of Kansas Horse Council is voluntary, and acknowledge this position is a visible presentation of the Kansas Horse Council and shall be assumed with the integrity and respect at all times.

This Agreement, is made on \_\_\_\_\_ [DATE] by and between the Kansas Horse Council hereinafter referred to as "KHC", and \_\_\_\_\_ [NAME], hereinafter referred to as "volunteer."

WITNESSETH: Whereas, volunteer intends to donate services to KHC, and KHC intends to accept the donation of volunteer services.

NOW THEREFORE, in consideration of the mutual promises, the parties hereto agree as follows:

1. Volunteer agrees to donate services to KHC in the capacity of Regional Representative. Said services shall include, but may not be limited to, the following:  
REPORTING to Regional Director and/or KHC office monthly with updates from your region, COMMUNICATE about KHC events and information monthly to Liaisons and members at large, and assist Regional Director in planning/implementing at least one REGIONAL KHC MEETING and/or EVENT each year. *See duties in general information document.*
2. It is mutually and expressly understood that volunteer services shall be donated, and that said volunteer is not entitled to nor expects any present or future salary, wages, or other benefits for these voluntary services beyond perks outlined in duties document.
3. Volunteer agrees to follow the supervision and direction of any personnel, employee, or volunteer, to whom he/she has been assigned for volunteer services (*such as on a committee for Equifest*), and to participate in any training required by the Kansas Horse Council in order to perform these voluntary services.
4. Volunteer agrees that he/she will not be considered to be an employee of Kansas Horse Council, for any purposes other than tort claims and injury compensation, while performing the above described voluntary services.
5. Volunteer agrees to notify KHC immediately of any incident that occurs or may occur within the knowledge of the volunteer, which gives rise to liability on the part of the volunteer of KHC.

I understand that my volunteer assignment will begin on \_\_\_\_\_ (DATE) and end if no longer able to meet duties or by choice with a 30 day written notice provided to KHC office. I also understand that my volunteer assignment may be terminated at any time by either party to this agreement.

IN CASE OF EMERGENCY, please contact  
(Name/Relationship) \_\_\_\_\_,  
(Contact number) \_\_\_\_\_.

\_\_\_\_\_  
Volunteer-Regional Representative

\_\_\_\_\_  
KHC Representative