

VOLUNTEER INFORMATION AND RELEASE PACKET

Must be completed and turned on your first day.

Please print, complete and bring with you on your first day.



CATS Ranch 786 North Clove Road Millbrook, NY 12545

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VOLUNTEER ACCIDENT WAIVER AND RELEASE OF LIABILITY

Volunteer Name:
Phone:Email:
Age: Date:
In consideration of being allowed to participate as a volunteer with CATS Ranch, I acknowledge and agree to the following:
1. Assumption of Risk
I understand that volunteering in equine-assisted activities involves inherent risks, including but not limited to serious injury, death, and property loss. These risks may arise from terrain, facilities, weather, equipment, animals, and the actions of others including staff, volunteers, guests, and participants. I voluntarily assume all such risks.
Initial here:
2. Waiver and Release
I, for myself, my heirs, executors, administrators, and assigns, hereby waive, release, and discharge CATS Ranch, their owners, founders, board members, directors, instructors, agents, therapists, staff, volunteers, employees, landowners, affiliated stables, clubs, and any other associated entities from any and all liability for injury, death, disability, property damage, theft, o any other loss arising from my participation, whether caused by negligence or otherwise.
Initial here:
3. Indemnification
I agree to indemnify and hold harmless all released parties from any claims, demands, or causes of action brought by me or on my behalf, or by any third party due to my actions or participation.
Initial here:

4. Medical Treatment		
I consent to receive medical treatment deemed numbers during my volunteer activities.	ecessary in the event of injury, accident, or	
Initial here:		
In Case of Emergency Contact and Information:		
Name:	Phone:	
Allergies:		
Medications:		
5. Safety and Conduct		
I agree to follow all safety guidelines, including w gloves, and sturdy footwear with a heel (e.g., pag and respectfully while on the premises.	•	
Initial here:		
6. Duration and Scope		
This waiver is valid for one year from the date of not limited to equine-assisted activities, horse ca		
Initial here:		
7. Protocols and Procedures		
I acknowledge that I have received initial oriental role with CATS Ranch. This training has included attire, equine behavior awareness, and guideline	I, but is not limited to, safety procedures, proper	
I affirm that I feel adequately prepared and comfo at this time. I understand that volunteering in equ environment, and I am committed to continuing to the safety and well-being of myself, the animals,	nine-assisted activities is a dynamic olearn and seek guidance as needed to ensure	
I agree to ask questions when uncertain, follow a and participate in any additional training sessions		
Initial here:		
Signature:	Date:	

Print Name:	
Parent/Guardian Waiver for Mi	nors (Under 18)
Minor's Name:	Age:
DOB:	School:
Parent/Guardian Name:	
Signature of Parent/Guardian:	Date:
	ardian affirms their legal capacity to sign on behalf of the dabove. They further indemnify and hold harmless all ising from the minor's participation.
All volunteers under 18 must be acc supervised by an adult on site. Initia	companied by an adult or have a signed waiver and be all here:
l agree.	
Sign here:	Date:
Photo Release:	
media of myself/my child/my ward a and any other audio/visual media to not limited to promotional materials,	n to take photographs, video and any other audio/visual and authorize use and reproduction of photographs, videos circulate and publicize the same by all means including but publications, social media, website, educational activities, of promoting the PonyUp4Kids Foundation Inc.
Consent, initial here:	Do Not Consent, initial here:
ACKNOWLEDGEMENT STATE	MENT
	orovided in this firm us true, accurate and up to date and CATS Ranch and staff to any changes or updates.
Signature:	Date:
Print Name:	

^{*} Signature of parent/legal guardian/conservator of volunteer/participant in his/her name required if participant is under 18.