



Idaho Horse Rescue, Inc  
Tax Exempt EIN 27-1894757  
947 E. Winding Creek Drive  
Eagle, Idaho 83616  
Office 208.938.2357 / Cell 208.941.4908  
www.idahohorserescue.org

## VOLUNTEER APPLICATION

### OUR MISSION

According to the Idaho Horse Council, Idaho's current horse population is estimated to be over 200,000 not including wild horses. In today's challenging economic environment many find it difficult to care for their horses properly. The result is neglected, abused, abandoned, malnourished and starving horses. Idaho Horse Rescue aims to rescue, rehabilitate and provide refuge for these animals. IHR further pledges to offer educational information and services to help our community better care for their horses.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent's Name (if under 18 years old) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Idaho Horse Rescue

### Waiver and Release of Liability, Indemnification and Hold Harmless Agreement

This waiver and release of liability, indemnification and hold harmless agreement is between the Volunteer, listed above, and Idaho Horse Rescue, Inc, 947 E. Winding Creek Drive, Eagle Idaho 83616, Ada County, Idaho and its directors, members, employees, agents, assigns, legal representatives and successors (hereinafter referred to as IHR).

As a volunteer that is 18 years old or older, I hereby understand and agree to the following: I agree to waive and release IHR from all liability, manner of actions, causes of action, debts, contracts, claims and demands for or by reason of any illness, death, damage, loss or injury to person or property, which has been or may be sustained as a direct or indirect consequence of the Volunteer's volunteering at or for IHR and notwithstanding that such damage, death, illness, loss or injury may have been caused partly by the negligence of IHR. I agree to indemnify and hold harmless IHR for any costs or liabilities which they may incur as a result of my volunteering at or for IHR.

I acknowledge and agree that I have carefully read this Agreement, that I fully understand the same, and that I freely and voluntarily execute the same. I understand that I may seek independent advice prior to signing this Agreement. I understand that this Agreement is binding on me, my spouse, my executors, administrators, personal representatives and assigns and that this Agreement has important legal consequences. The terms of this Agreement are contractual and not mere recitals. This Agreement will be construed in accordance with and governed by the laws of the State of Idaho.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent (if under 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### For questions or comments, please contact us:

Mail: Volunteer Program, Idaho Horse Rescue, Inc, 947 E. Winding Creek Drive, Eagle Idaho 83616  
Email: info@idahohorserescue.org Fax: 208.938.2359