



VOLUNTEER INFORMATION

NAME: _____ DOB: _____

ADDRESS: _____

PHONE CONTACT: _____

EMAIL: _____

BRIEFLY DESCRIBE HORSE RELATED EXPERIENCE

PLEASE INDICATE IN WHICH OF THE FOLLOWING YOU ARE INTERESTED:

- CHILDREN'S PROGRAM VOLUNTEER (SIDE WALKING OR LEADING)
- BARN WORK (GROOMING, TACKING, CLEANING STALLS)
- SPECIAL EVENTS
- FUND RAISING ACTIVITIES

PLEASE CHECK THE DAYS YOU ARE AVAILABLE; INDICATE DAYS OR EVENINGS

- | | | | |
|------------------------------------|------------------------------|----------------------------------|------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Day | <input type="checkbox"/> Evening | |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Day | <input type="checkbox"/> Evening | |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Day | <input type="checkbox"/> Evening | |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Day | <input type="checkbox"/> Evening | |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Day | <input type="checkbox"/> Evening | |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> Day | <input type="checkbox"/> Evening | |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Day | <input type="checkbox"/> Evening | (Special Events) |



WAIVER & RELEASE AGREEMENT

Please read carefully before signing, this is a release of liability and waiver of certain legal rights.

In consideration for my being permitted to participate in events or volunteer activities organized or sponsored by Circle A Home for Horses (CAH4H) I agree to the following Waiver and Release:

I acknowledge that riding, handling or being near animals, and outdoor environments where training or other horse related activities occur have inherent risks, hazards, and dangers for anyone that cannot be eliminated.

I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATION:

1. The propensity of the animal to behave in ways that may result in injury, harm, or death to persons on or around them.
2. The unpredictable nature of the animal's reaction to such things as loud sounds, sudden movement, and unfamiliar objects, persons, or other animals.
3. Collision with other animals or persons.
4. The potential of the participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animals, or not acting within his / her ability.

I understand the risks, hazards, and dangers described above. I also understand that these activities may require good physical condition and a degree of skill and knowledge. By my participation, I have represented that I possess the physical conditioning and the degree of skill and knowledge necessary to engage in these activities.

I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITY OR EVENT ASSOCIATED WITH CAH4H WITH FULL UNDERSTANDING OF INHERENT RISKS, HAZARDS AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISK OF INJURY, PARALYSIS, ILLNESS, DISEASE OR FATAL INJURY.

Lastly, I for myself, my heirs, successors, executors, and subrogates, hereby knowingly and intentionally WAIVE and RELEASE, NDEMNIFY AND HOLD HARMLESS CIRCLE A HOME FOR HORSES, its directors, officers, agents, instructors, employees and volunteers from and against any and all claims, actions, causes of actions, liabilities, suits, expenses (including attorney fees) which are related to, arise out of, or are in any way connected with my participation in this activity, including but not limited to NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, illness, disease or fatal injury of me or my property as a result of my engaging in these activities or the use of animals or equipment, whether such damage, loss, injury, fatal injury, paralysis, illness, or disease results from negligence of CAH4H or from another cause.

I am in good physical health and have the ability to safely engage in the activities organized or sponsored by CAH4H.

I understand videos and pictures are routinely taken in, and around the horses, and activities. I authorize CAH4H to use images I may be in, in all media, print ads, social media, and other forms of marketing and/or business development.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.

CIRCLE A HOME FOR HORSES – A VIRGINIA NON-PROFIT CORPORATION

4345 CHARITY NECK RD, VIRGINIA BEACH, VA 23457

757.286.5282

Print Volunteer Name: _____

Print Parent/Guardian Name if Volunteer is Under Age 18: _____

Volunteer Signature: _____

Parent Signature if Volunteer is Under Age 18: _____

Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Emergency Contact Information:

Contact Name: _____

Contact Phone: _____

Relationship to Volunteer: _____