PONY UP 4 KIDS

HELPING KIDS & HORSES

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.

PonyUp4Kids Foundation
2536 Wingdale Mountain Rd
Poughquag, NY 12570
Tele: (845) 260-0962
Email: Info@ponyup4kids.com
Web: www.PonyUp4Kids.com

VOLUNTEER ACCIDENT WAIVER AND RELEASE OF LIABILITY

Volunteer Name: _____

Phone: _____Email: _____

Age: _____ Date: _____

In consideration of being allowed to participate as a volunteer with PonyUp4Kids Foundation Inc. at JL Performance Horses, 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 PonyUp4Kids Foundation Inc., JL Performance Horses, 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, or 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 necessary in the event of injury, accident, or illness during my volunteer activities.

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 wearing appropriate attire such as long pants, gloves, and sturdy footwear with a heel (e.g., paddock boots). I will conduct myself responsibly and respectfully while on the premises.

Initial here: _____

6. Duration and Scope

This waiver is valid for one year from the date of signing and applies to all activities including but not limited to horseback riding, horse care, handling, and presence on the property.

Initial here: _____

7. Protocols and Procedures

I acknowledge that I have received initial orientation and training appropriate to my volunteer role with PonyUp4Kids Foundation Inc. and JL Performance Horses. This training has included, but is not limited to, safety procedures, proper attire, equine behavior awareness, and guidelines for interacting with horses and participants.

I affirm that I feel adequately prepared and comfortable with the responsibilities assigned to me at this time. I understand that volunteering in equine-assisted activities is a dynamic environment, and I am committed to continuing to learn and seek guidance as needed to ensure the safety and well-being of myself, the animals, and others.

I agree to ask questions when uncertain, follow all instructions provided by staff or supervisors, and participate in any additional training sessions deemed necessary by the organization.

Initial here: _____

Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Waiver for Minors (Under 18)

Minor's Name: _____ Age: _____

DOB: _____ School: _____

Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: _____

The undersigned parent or legal guardian affirms their legal capacity to sign on behalf of the minor and agrees to all terms stated above. They further indemnify and hold harmless all released parties from any liability arising from the minor's participation.

All volunteers under 18 must be accompanied by an adult or have a signed waiver and be supervised by an adult on site. Initial here: _____

I agree.

Sign here: _____ **Date**: _____

Photo Release:

I grant the PonyUp4Kids Foundation Inc. permission to take photographs, video and any other audio/visual media of myself/my child/my ward and authorize use and reproduction of photographs, videos and any other audio/visual media to circulate and publicize the same by all means including but not limited to promotional materials, publications, social media, website, educational activities, exhibitions for the primary purpose of promoting the PonyUp4Kids Foundation Inc.

Consent, initial here: _____ Do Not Consent, initial here: _____

ACKNOWLEDGEMENT STATEMENT

___ I certify that all the information provided in this firm us true, accurate and up to date and guarantee to immediately notify the PonyUp4Kids Foundation Inc 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.

ATTENTION:

Please mark your calendar and plan to attend.

CONTINUED VOLUNTEER TRAINING DAY

SATURDAY, NOVEMBER 8, 2025

9AM - 11AM SESSION

1am - 3pm SESSION

Please let me know which session you will be attending.

We will be covering Safe Horse Handling Skills, Haltering, Leading, Blanketing, Grooming, Equine Behavior, Safe Practices, Limiting Liabilities, Stable Management and Standard Industry Practices.