Volunteer Information and Release

Name:				DOB:				
Name of I	Parents or Gua	rdians (if minor	·):					
City:				State:Zip Code:				
	e:							
Emergend	cy Contact:	Phone:						
PLEASE CH Monday		/, ALL THAT APPL Tuesday	Y:	Wednesday		Thursda	Эу	
8am-12pm		8am-12pm		8am-12pm		8am-3	12pm	
1:00pm-5pm	n	1:00pm-5pm		1:00pm-5pm		1:00p	m-5pm	
Friday		Saturday			Sunday			
1	8am-12pm		8am-12pm		8am-12pm			
	1:00pm-5pm		1:00pm-5pm		1:00pm-5pr	n		

PLEASE UNDERSTAND, THE NATURE OF THIS WORK IS PHYSICA AND SAFETY IS OUR BIGGEST CONCERN. ANNSWERING THESE QUESTIONS HONESTLY IS ONLY TO ENSURE YOUR SAFETY AND WELL BEING.

Do you have any health concerns and/or taking any medications? (Please specify)

Do you have any medical conditions that we should be aware about? (If yes, please specify)

Do you have any physical limitations? (If yes, please specify)

Are you sensitive to heat?

Do you have horse experience? (Please elaborate)

Do you have experience with people with a disability?

Liability Release

I agree and understand that all volunteering with horses and any other activities engaged in with Wylde Horses LLC is solely at my own risk, and that Wylde Horses LLC is not liable for any injury which may occur to me while engaged in these activities, whether bodily injury or otherwise. I understand that working with horses is a risk and may result in injury and even death. I also give my permission to Wylde Horses LLC to provide me with any emergency medical care and to call medical personnel if necessary. I further agree to release Wylde Horses LLC, its agents and employees, from any and all liability for any injuries I may sustain while volunteering or engaging in any other activity. The undersigned hereby grants Wylde Horses LLC permission to take and have taken still or moving photographs of themselves. The undersigned also authorizes Wylde Horses to use such photographs in its advertising, news media, brochures, and material. The undersigned also agrees to keep client confidentiality within Wylde Horses LLC. And I further agree to indemnify and hold Wylde Horses LLC harmless to all claims, actions, damages, costs, and expenses, arising therefrom.

Signature of Volunteer	Signature	of	Vol	unteer
------------------------	-----------	----	-----	--------

Date

Signature of Parent/Guardian

Date

Requirements of a Volunteer

1. BE PUNCTUAL AND RESPONSIBLE

We appreciate your time and work while you're here. Our lessons are dependent on YOU! Please be on time and ready to work, unless you have called to let us know you will be late or absent.

2. BE FLEXIBLE

Please be flexible when working. You may encounter a variety of situations so please be understanding. We have a working ranch, so volunteers are expected to do a variety of chores, from helping in lessons, to cleaning horse pens and water troughs. We all work till the day is done!

3. BE APPROPRIATE

Please treat everybody at Wylde Horses with kindness and respect!

4. ASK FOR HELP WHEN IN DOUBT

When volunteering here at Wylde Horses, there is a lot to remember. If you need help, please ask. This is the best way to do things safely and correctly.

5. RESPECT THE PRIVACY OF ALL CLIENTS

WHAT TO BRING AND WEAR

- Sturdy, comfortable CLOSED TOED shoes for safety and protection.
- Please wear clothes that are appropriate and able to work in.