



Registration and Release Form

Volunteer, Horse Partner, Horsemanship, Facilitator

This Registration and Liability Release form is entered into on this ___ day of _____, 20 ____, By and Between Hayes Horse Haven, a 501(c)3 non-profit corporation and Volunteer, Horse Partner, Horsemanship, Facilitator, (collectively referred to herein as “Volunteer”).

REGISTRATION:

<i>Volunteer Name:</i>	
<i>Date of Birth:</i>	
<i>Age:</i>	
<i>Address:</i>	
<i>City, State, Zip:</i>	
<i>Home Phone:</i>	
<i>Cell Phone:</i>	
<i>Email Address:</i>	
<i>Medical Conditions?:</i>	
<i>Emergency Contact:</i>	
<i>Emergency Contact:</i>	
<i>Emergency Contact:</i>	

CONSENT AND WAIVER OF LIABILITY:

The Volunteer named above (“Volunteer”), hereby requests that he/she be accepted into the Volunteer program. Volunteer acknowledges that **Hayes Horse Haven** is an Equine-Based Rescue and Sanctuary. As such Volunteer understands the potential for injury, even death, which can occur from riding horses, caring for horses or being involved in therapeutic/learning activities that include horses. Because of the potential benefits of the equine-assisted program, Volunteer hereby waived any claim which he or she may have against **Hayes Horse Haven**, its employees, volunteers, contract personnel, agents, participants and or donors.



Volunteer assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury, including the possibility of death, and physical harm to horse, rider, spectator, and or volunteer. In consideration, for volunteering, riding, and or working and or participating in activities around horses, **Hayes Horse Haven**, Volunteer does hereby agree to hold harmless and indemnify **Hayes Horse Haven**, its employees, volunteers, contract personnel, agents, participants and or donors and further releases them from liability or responsibility for accident, damage, injury and or illness to Volunteer or to any horse owned by Volunteer or to any family member or spectator accompanying Volunteer on premises, including without limitation injuries caused by the negligence or fault of **Hayes Horse Haven**, its employees, volunteers, contract personnel, agents, participants, and or donors.

Volunteer understands that horseback riding is a rigorous and physically demanding activity for both the horse and rider. Volunteer acknowledges that he or she has stated his or her level of riding as experienced. (If a Volunteer Rider). Volunteer agrees to fully and forever release and hold harmless **Hayes Horse Haven** from any and all liability due to injuries, claims, damages, actions or losses, which may arise out of Volunteer's activities with or on behalf of **Hayes Horse Haven**. This includes, but is not limited to; any economic or non-economic losses due to bodily injury or property damage sustained in connection with all activities including riding, handling, boarding or otherwise being in the vicinity of horses owned by or in the care, custody and or control of **Hayes Horse Haven**.

AUTHORIZATION TO SECURE EMERGENCY MEDICAL TREATMENT:

Volunteer hereby grants to **Hayes Horse Haven**, its employees, volunteers, and contract personnel the authority to secure emergency medical treatment if Volunteer is injured and unable to make such decisions. Volunteer also authorizes **Hayes Horse Haven**, its employees, volunteers, and contract personnel to release to any health care provider the following information:

Physician's Name: _____

Phone Number: _____

Health Ins. Co.: _____

(Please provide a copy of the front and back of your insurance card with this form)

Volunteer hereby releases and holds **Hayes Horse Haven** harmless from any duty to procure or provide medical treatment or care for or to Volunteer. **Hayes Horse Haven** shall not be responsible for any third parties' wrongful acts, negligence or failure to render care, which causes injury to, or death to Volunteer.



PHOTO RELEASE

_____ **YES** (*Initial*)

Volunteer hereby grants **Hayes Horse Haven** permission to take or have taken still and moving photographs and or videos of Volunteer and or Volunteers minor child and consents and authorizes **Hayes Horse Haven**, its advertising agencies, news media, and any other persons interested in **Hayes Horse Haven's** work, to use and reproduce photographs and or films/movies to circulate and publicize the same by all means including without limiting the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional material, books and or clinical material.

With respect to the foregoing matters, no inducements or promises have been made to us/me to secure my signature for this release.

_____ **NO** (*Initial*)

I do not give **Hayes Horse Haven** permission to use and or reproduce photographs, films, or pictures.

RESTRICTED ACCESS TO OFFICE/FARM:

Volunteer must maintain scheduled times to visit **Hayes Horse Haven's** Facility. Volunteer must check in with the office/farm owners upon arrival (entrance to Farm/Facility). These restrictions are to ensure everyone's safety and must be strictly adhered to.

INHERENT RISKS TO EQUINE ACTIVITY PARTICIPANTS:

Volunteer understands that there are risks inherent in equine activities including but not limited to:

1. The propensity of horses to behave in ways that may result in injury, harm or death to persons on or around them and or damage to property in their vicinity.
2. The unpredictability of a horse's reaction to such things as sounds, sudden movement, and or unfamiliar objects, persons, or other animals, regardless of its training and past behavior.
3. Certain hazards such as surface and subsurface objects
4. Collisions with other horses, animals, people and or objects.
5. The potential of a Volunteer/Participant to act in a negligent manner that may contribute to injury to the participant/Volunteer or others, such as failing to maintain control over the animal and or not acting within his or her ability.



Volunteer understands that the handling, use and riding of a horse involves risk of personal physical injury, including but not limited to; lacerations, bruises, fractures, head injuries and or death. With full knowledge and awareness of these and all other dangers inherent to the sport of horseback riding and any and all equine activities. I am knowingly participating in and volunteering for **Hayes Horse Haven** and voluntarily engage myself in these activities and fully assume all risks involved.

BACKGROUND INFORMATION:

Have you ever been charged with or convicted of a crime? Y N (Circle One) If Yes, Please explain:

I, _____ (Volunteer) authorize **Hayes Horse Haven** to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or Federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of consideration of application as a Volunteer and that I **DO NOT** authorize **Hayes Horse Haven**, its directors, officers, employees, volunteers, or other contract personnel to disseminate this information in any way whatsoever, other than for consideration for application.

CONFIDENTIALITY AGREEMENT:

I understand that all information (written and verbal) about participants at **Hayes Horse Haven** is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor.



DECISION FOR SAFETY EQUIPMENT:

Volunteer fully understands the need for proper equine safety equipment including, but not limited to, riding helmets, riding boots with 1” inch heel. Volunteer, understands that he/she s responsible to make the decision to wear or not to wear proper equine safety equipment; with the exception of minor's. Minor's (under the age of 16) are required to wear a helmet while mounted on an equine.

DUTIES VOLUNTEER CAN PROVIDE:

Plases place a check box next to the duties you would like to be considered for:

DUTY	DAYS AVAILABLE EX: (M,T,W,TH,F,SAT,SUN) & TIMES
Bathing, Brushing	
Lead Rope Walking	
Riding	
Feeding	
Cleaning Stalls	
Cleaning Paddocks	
Training	

***Volunteer(s) providing Riding & Training must have experience.

Please List Riding & Training Experience:



WARNING:

UNDER VIRGINIA STATE LAW, AN EQUINE FACILITY SHALL NOT BE LIABLE FOR ANY INJURY TO OR DEATH OF ANOTHER RESULTING FROM THE INTRINSIC DANGERS OF HORSE RIDING AND OR (EQUINE ACTIVITIES) AND THAT NO PARTICIPANT SHALL HAVE ANY CLAIM AGAINST, OR RECOVER FROM, ANY OTHER PERSON.

Volunteer has read the above Release.

Print Name (Volunteer)

Volunteer Signature
(Parent Signature if Volunteer is a Minor 16 and under)

Date