

HorsePower Experiential Learning Program Volunteer Registration & Release Form

For office use only:
___ DB ___ Ins Copy ___ BGC

Volunteer registration and release form is entered into on (today's date) ___/___/___
by and between HorsePower Experiential Learning Program (HELP), and Volunteer.

Name _____ Male Female

Date of Birth: ___/___/___ Age: ___

Hm Phone: (___) _____ Cell: (___) _____ Work: (___) _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Medical Conditions: _____

Emerg. Contact: Name _____ Relationship _____ Ph: (___) _____

Authorization to Secure Emergency Medical Treatment

Volunteer hereby grants to HELP, 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 HELP, its employees, volunteers, and contract personnel to release to any health care provider the following information:

Dr's Name: _____ Phone: _____

Health Insurance Co: _____

(Please attach a copy of the front and back of your insurance card to this form)

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

Photo Release (Initial appropriate option)

Volunteer hereby grants HELP permission to take photographs, film and pictures of Volunteer and consents and authorizes HELP, its advertising agencies, news media, and any other persons interested in the program and its work, to use and reproduce the photographs, film, and pictures. With respect to the foregoing matters, no inducements or promises have been made to me to secure my signature to this release other than the intention of HELP to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding HELP and its work. **YES (Initial)** _____ **NO (Initial)** _____

Restricted Access to Office/Farm

Volunteer must maintain scheduled times to visit the HELP Facility. If outside of regular times, volunteer must schedule with HELP staff. These restrictions are to ensure everyone's safety and must be strictly adhered to.

Initial _____

Consent & Waiver of Liability

The volunteer named above ("Volunteer"), hereby requests that he/she be accepted into the equine-assisted growth and development program, HELP as a volunteer for the program. Volunteer acknowledges that HELP has fully explained to him/her the scope of the equine-assisted growth and development program, including the potential for injury, even death, which can occur from riding horses, caring for horses or being involved in therapeutic/learning activities that included horses. Because of the potential benefits of the equine-assisted program, Volunteer hereby waives any claim which he or she may have against HELP, its employees, volunteers, contract personnel, agents, participants or donors arising out of any injury which Volunteer may sustain while involved in the equine-assisted program, including without limitation injuries caused by the negligence or fault of HELP, its employees, volunteers, contract personnel, agents, landlord (e.g. Cadillac Ranch), participants or donors unless caused by the willful misconduct or gross negligence of HELP, its employees, volunteers, contract personnel, agents, landlord (e.g. Cadillac Ranch), participants 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 and spectator. In consideration, therefore, for the privilege of volunteering, riding and/or working and/or participating in activities around horses at HELP, Volunteer does hereby agree to hold harmless and indemnify HELP, its employees, volunteers, contract personnel, agents, participants or donors and further releases them from any liability or responsibility for accident, damage, injury or illness to Volunteer or to any horse owned by Volunteer or to any family member or spectator accompanying Volunteer on the premises, including without limitation injuries caused by the negligence or fault of HELP, its employees, volunteers, contract personnel, agents, landlord (e.g. Cadillac Ranch), participants or donors. Volunteer understands that horseback riding is a rigorous and physically demanding activity for both horse and rider. **Initial** _____

Volunteer must fully disclose to the instructor his/her riding experience and must not misrepresent any condition or lack of ability of either the Volunteer or the horse. If, at any time, Volunteer feels unfit or unsure about proceeding with any riding activity, or if the horse or equipment appear too deficient in any manner, Volunteer will assume the responsibility to inform HELP, or any agent of HELP of the concern before proceeding with the activity. Volunteer understands and recognizes that he or she will be responsible for instructing and guiding participants and their families and guests in the HELP program, (many of which have limited or no experience with horses) and agrees to use his or her best efforts to do so in a safe and responsible manner. Volunteer agrees to fully and forever release and hold harmless HELP, and other instructors employed by or representing HELP 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 HELP. 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 control of HELP.

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 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 objects and (5) The potential of a 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 animal or not acting within his ability. I understand that the handling, use and riding of a horse involves the risk of personal physical injury, including, but not limited to, lacerations, bruises, fractures, head injuries and death. With full knowledge and awareness of these and all other dangers inherent to the sport of horseback riding and equine activities, I am knowingly participating in and volunteering for the equine program with (and their agents, employees and assigns) and voluntarily engage myself in these activities and fully assume all risks involved.

WARNING: UNDER MISSOURI LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO THE REVISED STATUTES OF MISSOURI.

Confidentiality Agreement

I understand that all information (written and verbal) about participants at HELP is confidential and will not be shared with anyone without the express written consent of the participant and parent/guardian if a minor.

Volunteer has read, understands and agrees to all aspects of the above release.

Signature of Volunteer

Date

Signature of Parent/Guardian (if volunteer under age 18)

Date