



## Volunteer Information Packet

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Availability for this season (Day/Time): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job/area of interest: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

---

Physical limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Liability form signed: YES NO

Photo release signed: YES NO

COVID liability release signed: YES NO

Emergency contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**General Liability Release, Confidentiality Agreement, Photo and Video Release**

Participant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Legal Guardian/ Conservator (if applicable) \_\_\_\_\_

**Liability Release:**

I, \_\_\_\_\_ (participant, parent, guardian, or conservator), acknowledge the risks and potential risks for horseback riding and activities in and around a facility where horses are kept and farm machinery operated. However, I feel that the possible benefits to me/my son/my daughter/my ward are greater than the risk assumed. Intending legally to bind myself, my heirs, and assigns, executors or administrators, I hereby waive and release forever all claims for loss or damages of any kind against Worthy Stables, its Board of Directors, Instructors, Therapists, aids, Volunteers and employees for any and all injuries and losses that I/my son/my daughter/my ward may sustain while participating in the Worthy Stables program. This release includes without limitation the risk of negligent instruction and supervision. I engage in activities at Worthy Stables voluntarily with knowledge of the risks and I assume all risks of injury, death, and property damage that may result. I agree to bear any loss myself. I acknowledge that Worthy Stables and the property owners are materially relying on this waiver and assumption of risk in allowing me/my son/my daughter/my ward to participate in activities at Worthy Stables.

Date \_\_\_\_\_

Signature \_\_\_\_\_

(Participant, Parent or Caregiver)

**Photo and Video Release:**

\_\_\_\_\_ I consent to and authorize:

\_\_\_\_\_ I do not consent to nor do I authorize:

the use and reproduction by Worthy Stables of any other audio/visual materials taken of me/my son/my daughter/my ward for distribution to the public for promotional printed materials, educational activities or for any other use for the benefit of the program.

Date \_\_\_\_\_

Signature \_\_\_\_\_

(Participant, Parent or Caregiver)