



equine assisted learning center

2017 Registration and Release Form

Volunteer, HorsePardner, Pardner, Horsemanship, Facilitator

This Registration and Liability Release form is entered into on this _____ day of _____, 2017, by and between Returning Glory, a non-profit corporation and **Volunteer, HorsePardner, Pardner, Facilitator**, (collectively referred to herein as “Volunteer”).

1. REGISTRATION:

Volunteer _____ Date of Birth: _____ Age: _____
Street: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____
Medical Conditions? _____

In Case of Emergency, Contact:

1. Name _____ Relationship _____ Phone _____
2. Name _____ Relationship _____ Phone _____
3. Name _____ Relationship _____ Phone _____

2. CONSENT AND WAIVER OF LIABILITY:

The volunteer named above (“Volunteer”), hereby requests that he/she be accepted into the equine-assisted growth and development program, **Returning Glory** as a volunteer for the program. Volunteer acknowledges that **Returning Glory** 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 **Returning Glory**, 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 Returning Glory, its employees, volunteers, contract personnel, agents, participants or donors unless caused by the willful misconduct or gross negligence of **Returning Glory**, its employees, volunteers, contract personnel, agents, 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 **Returning Glory**, Volunteer does hereby agree to hold harmless and indemnify **Returning Glory**, 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 **Returning Glory**, its employees, volunteers, contract personnel, agents, participants or donors.

Volunteer understands that horseback riding is a rigorous and physically demanding activity for both horse and rider. 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 **Returning Glory**, or any agent of **Returning Glory** 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 **Returning Glory** program, (many of whom 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 understands that in the course of taking riding instruction, he/she must equip himself with appropriate and safe attire. Volunteer understands that the safest attire includes an approved riding helmet and approved riding boots or shoes, and understands that **Returning Glory** recommends that all volunteers use those when riding.

Volunteer agrees to fully and forever release and hold harmless **Returning Glory**, and other instructors employed by or representing **Returning Glory** 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 **Returning Glory**. 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 **Returning Glory**.

3. AUTHORIZATION TO SECURE EMERGENCY MEDICAL TREATMENT

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

Physician'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 **Returning Glory** harmless from any duty to procure or provide medical treatment or care for or to Volunteer. **Returning Glory** shall not be responsible for any third parties' wrongful acts, negligence or failure to render care, which causes injury to, or death to Volunteer.

4. PHOTO RELEASE *(Please initial which option you choose)*

YES _____ For valuable consideration given and which is hereby acknowledged, Volunteer hereby grants to **Returning Glory** permission to take or have taken still and moving photographs and films including television pictures of me, our/my daughter - son - ward, _____ and consents and authorizes **Returning Glory**, 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 and 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 clinical material.

With respect to the foregoing matters, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of **Returning Glory** to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding **Returning Glory** and its work.

NO _____ I do not give **Returning Glory** permission to use and reproduce photographs, film or pictures as described above.

5. RESTRICTED ACCESS TO OFFICE/FARM

Volunteer must maintain scheduled times to visit the **Returning Glory** Facility. Volunteer must check in with the office upon arrival. These restrictions are to ensure everyone's safety and must be strictly adhered to.

6. 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 **Returning Glory** (and their agents, employees and assigns) and voluntarily engage myself in these activities and fully assume all risks involved.

7. BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime? **Y N (please explain)**

I, _____ (Volunteer) authorize **Returning Glory** (center) 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 considering my application as a volunteer and that I expressly DO NOT authorize **Returning Glory**, its directors, officers, employees, volunteers, or other contract personnel to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

CURRENT DRIVER’S LICENSE NUMBER: _____ STATE: _____

8. CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) about participants at **Returning Glory** 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.

9. DECISION FOR SAFETY EQUIPMENT

Volunteer fully understands the need for proper equine safety equipment including, but limited to, riding helmets and riding boots with 1” heel. Volunteer, _____, understands that he/she is responsible to make the decision to wear or not to wear proper equine safety equipment.

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.

Volunteer has read the above Release.

Signature of Volunteer

Date

Signature of Parent/Guardian

Date

(Must be signed by Parent/Guardian if Volunteer is legally incapable of giving consent and/or under the age of 18)