

## Kris Golden, Volunteer Coordinator (860) 932-2128 • volunteer@hayburrinn.org • HayBurrInn.org 169 Black Hill Road, Plainfield CT 06374

## VOLUNTEER EVENT APPLICATION & LIABILITY RELEASE FORM

Minors (under 18) are required to be accompanied by parent or legal guardian prior to volunteering.

Volunteers must be 14 years of age or older to volunteer without parent/guardian. Under 14 needs to always be accompanied by a parent/guardian to volunteer.

<b>Volunteer Name:</b>	
Date of Birth:	
Today's Date:	
Address:	
City/State/Zip:	
Phone Number:	
Volunteer Email:	
	nail:
	one Number:
	oout us:
-	
	e-mail to your news mailing list.

The under signed volunteer, in consideration of participating in any and all horse related activities at Hay Burr Inn equine rescue and sanctuary to include but not limited to: grooming, riding, leading, any and all equine husbandry: hereby forever releases and discharges Hay Burr Inn, its officers, directors, advisors, agents, volunteers, and/or representatives in any location where horse related activities are conducted. I do hereby hold Hay Burr Inn equine rescue and sanctuary harmless and waive and release forever all claims of damages, for any and all injuries/losses that I or my child/ward may sustain while participating in Hay Burr Inn equine rescue and sanctuary volunteer program.

I hereby release Hay Burr Inn equine rescue and sanctuary from responsibility for accidental physical injury, including death or illness and loss of property while fulfilling my role in the volunteer program. I remain fully liable and responsible for any such hospital, doctor, ambulance, dental, and medical fees in the event of an injury to me as a result as a participant in any activities involving Hay Burr Inn equine rescue and sanctuary.

I understand Hay Burr Inn equine rescue and sanctuary does NOT provide health, accident, or liability insurance to participants. The undersigned acknowledges that he/she has read the release form in its entirety, that he/she understands the terms of this release, and has signed the release voluntarily and with full knowledge of the effects there of:

*Volunteer Signatur	e:	
*Parent/Legal Guar	dian Signature:	
Date:		
EMERGENCY	CONTACT INFORMATION: Notify immediately in event of emerg	ency.
Name:		
Address:		
City/State/Zip:		
Phone Number:		
Name:		
Address:		
City/State/Zip:		
Phone Number:		

	Photo Release —
	I do give consent
audio/	sent to and authorize the use and reproduction by Hay Burr Inn Corp of any and all photographs and any other visual materials taken of me for promotional material, educational activities, exhibition or for any other use for mefit of Hay Burr Inn.
*Sign	ature:Date:
*Signa	ature must be of parent or legal guardian for minors.
Pleas	se read and initial beside each statement:
Particip	pant Parent
	I understand horses are independent living beings and can be unpredictable.
	I understand there are always elements of risk in equine activities, including permanent disability or death, that common sense and awareness can help reduce.
	I am aware that at all times when on Hay Burr Inn property or elsewhere it is MY Responsibility to:
1. 2. 3. 4. 5. 6. 7. 8. 9.	Be alert and respectful of a horses intention signaled with ears, eyes and carried out with teeth and hooves. Speak in a quiet reassuring tone when approaching a horse and avoid sudden movements or noises. Never leave a horse unattended.  Always lead a horse with a lead rope.  Always wear appropriate clothing, including durable footwear.  Put away all equipment after use.  Know location of emergency telephone, veterinarian number, and farm staff.  Use 911 when appropriate  Never be intoxicated at Hay Burr Inn or allow others to be so.  Smoking is not tolerated at Hay Burr Inn.
*Part	icipant Signature:Date:
*Pare	ent/Guardian Signature:Date: