



169 Black Hill Road, Plainfield CT 06374
Kris Golden, Volunteer Coordinator
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VOLUNTEER APPLICATION & LIABILITY RELEASE FORM

Minors (under 18) are required to be accompanied by parent or legal guardian on first day. Volunteers must be 14 years of age or older to volunteer without parent/guardian. Under 14 needs to always be accompanied by parent /guardian to volunteer.

Volunteer Name: _____

Date of Birth: _____ **Date to Volunteer:** _____

Are you Under 18?: Yes No

Address: _____

City/State/Zip: _____

Phone Number: _____

Volunteer Email: _____

Parent/Guardian E-mail: _____

How did you hear about us?: _____

Are you in need of Community Hours: Yes No **Why?** _____

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 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 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.

I understand Hay Burr Inn 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 Signature:** _____

***Parent/Legal Guardian Signature:** _____

Date: _____

EMERGENCY CONTACT INFORMATION: Notify immediately in event of emergency.

Name: _____

Full Address: _____

Phone Number: _____

Name: _____

Full Address: _____

Phone Number: _____

Family Physician: _____ **Phone:** _____

Please list any medical condition, medication, or allergies that should be known:

(Optional) Authorization for Treatment

The undersigned participant, parent or legal guardian of a minor participant, authorizes member of Hay Burr Inn as agents to consent to any emergency medical treatment and hospital care deemed advisable and rendered by a licensed physician, EMT, or surgeon; whether on Hay Burr Inn property, in a remote location, in an office, or license hospital.

This authorization will only be invoked in event there is no communication with emergency contact persons named above, and they cannot be reached.

This authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as a health care giver may deem advisable. The authorization will remain in effect indefinitely unless revoked in writing.

***Signature:** _____ **Date:** _____

Health Insurance Carrier: _____ **Policy #** _____

*Signature must be of parent or legal guardian for minors.

Photo Release

I do give consent

I do NOT give consent

I consent to and authorize the use and reproduction by Hay Burr Inn Corp of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibition or for any other use for the benefit of Hay Burr Inn.

***Signature:** _____ **Date:** _____

*Signature must be of parent or legal guardian for minors.

Please read and initial beside each statement:

Participant 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. Be alert and respectful of a horses intention signaled with ears, eyes and carried out with teeth and hooves.
2. Speak in a quiet reassuring tone when approaching a horse and avoid sudden movements or noises.
3. Never leave a horse unattended.
4. Always lead a horse with a lead rope.
5. Always wear appropriate clothing, including durable footwear.
6. Put away all equipment after use.
7. Know location of emergency telephone, veterinarian number, and farm staff.
8. Use 911 when appropriate
9. Never be intoxicated at Hay Burr Inn or allow others to be so.
10. Smoking is not tolerated at Hay Burr Inn.

***Participant Signature:** _____ **Date:** _____

***Parent/Guardian Signature:** _____ **Date:** _____