

Rising Starr Horse Rescue and Wellness Center

A 501c3 non-profit

VOLUNTEER FORM- FILL OUT BOTH SIDES

Name: _____ Age: _____ Gender: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone #1: _____ Phone #2: _____ Email: _____

Parent/Guardian Name (if under 18): _____

Allergies or Special Needs: _____

Emergency Contact if other than Phone #1 or #2: _____

Medical issues that we need to know about: _____

I would like to *(circle all that apply):*

*Work directly with the horses *Help with fundraising efforts *Help with marketing/social media

*Work outside *(fence repair, clearing trails, cleaning fields, etc)* *Help with Volunteer Coordination

Check the line that applies to your experience:

____ Head of Herd, must be comfortable handling horses, lunging, grooming, feeding

____ Yearling, Needs guidance from Head of Herd

____ Foal, Needs to shadow Head of Herd at all times

Please circle your availability:

<u>Mon.</u>	<u>Tues.</u>	<u>Weds.</u>	<u>Thurs.</u>	<u>Fri.</u>	<u>Sat.</u>	<u>Sun</u>
am	am	am	am	am	am	am
midday	midday	midday	midday	midday	midday	midday
pm	pm	pm	pm	pm	pm	pm

Please fill out and sign on reverse

RELEASE:

I/We _____, [parent(s) or legal guardian(s) of _____ (child)], by my participation or enrolling my/our child in RSHR Corp. volunteer program, certify that I/we are cognizant of General Statutes of Connecticut Title 52. Civil Actions Chapter 926. Statute of Limitations Conn. Gen. Stats. 52-577p (1994). Assumption of risk by person engaged in recreational equestrian activities, when each person engaged in recreational equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports, unless the injury was proximately caused by the negligence of the person providing the horse or horses to the individual engaged in recreational equestrian activities or the failure to guard or warn against a dangerous condition, use, structure or activity by the person providing the horse or horses or his agents or employees.

I/We hereby release RSHR Corp. and any staff members affiliated with RSHR Corp. from any responsibility for any occurrence in connection with volunteer activities at Rising Starr Horse Rescue which may result in injury, death or other damages. I/We further state that I/we are of lawful age and competent to sign this affirmation and release and that by signing I/we understand the terms therein. I/We assume all responsibility for _____ (child) Physical fitness and capabilities to perform under normal conditions of the RSHR Corp. Riding Program. In witness whereof I/we have executed this affirmation and release on this _____ (day) of _____ (month), 2020.

Signature _____

Parent/Guardian signature(s) _____

PHOTO RELEASE:

I give permission for RSHR to use photos including my son/daughter named above for the webpage or other publicly that may involve photos such as the RSHR newsletters, flyers, brochures, etc. At no time will RSHR use photos on the Internet except for the RSHR webpage, instagram and Facebook.

Signature or Parent/Guardian signature for approval:

_____ date _____

ALL VOLUNTEERS MUST WEAR CLOSED TOE SHOES OR BOOTS

**We regret that we cannot exchange horseback riding for volunteer work.*