

HORSESISTERS & ASSOCIATES, INC.
124 SOUTH PARK AVE. TITUSVILLE, FL 32796
COMMON SENSE RANCH 2714 CUYLER ST., MIMS
PHONE: 321.267.2929 EMAIL: volunteer@horsesisters.org

YOUTH AGES 6 TO 18 VOLUNTEER APPLICATION FORM

Please print and answer every item

Please have the youth fill out this form with the parent's supervision

Name: _____ Date of Birth: ___/___/___ Female Male
Mailing Address: _____ City: _____ State: ___ Zip Code: _____
County: _____ Ethnicity: White / Black / Hispanic / Asian / Other /
E-Mail Address: _____ School & Grade Level: _____
How Did You Hear About HorseSisters? _____

Do you have any physical/mental/medical or other conditions which might affect your ability to volunteer?

Are you currently First Aid Certified? Yes No CPR Certified? Yes No

Have you completed any first aid/rescue breathing/CPR training? _____

Languages: (Including sign language): _____

What are your strengths, special talents or abilities? _____

What are your weaknesses? _____

Why do you want to volunteer? (check all that apply):

Personal fulfillment School requirement Community service requirement Skill development

Are you comfortable working and/or walking around horses and ponies? Yes No

Please specify how many years and what type of experience you have had with horses and ponies: _____

RELEASES

PHOTOS - As the parent/guardian of a volunteer youth, I hereby consent to and authorize the use and reproduction by HorseSisters of any and all photographs and any other audio-visual material taken of me for promotional material, educational activities, exhibitions, fund raising or for any other use for the benefit of the program. _____ initials

MEDICAL TREATMENT - In the event emergency medical aid/treatment is required, due to illness or injury, during the process of receiving services, or while being on the property of the agency, I authorize HorseSisters to secure and maintain medical treatment and transportation, if needed and incur expenses for which I will be responsible for payment. _____ initials

Name: _____ Telephone: _____

In case of emergency, contact: _____ Telephone: _____

Physician name: _____ Telephone: _____

Preferred medical facility: _____

Health Insurance Co.: _____ Policy number: _____

HELMET RULE - I understand and will explain to my child that at any time my child is on the back of a horse, or in the vicinity of a horse, they will be required to wear a HorseSisters ASTM/SEI certified equine helmet or their own ASTM/SEI certified equine helmet approved beforehand by the HorseSisters agent in charge. _____ initials

RIDING - After a volunteer puts in 20 documented hours, they have the opportunity to ride. The volunteer will be assessed by a certified riding instructor. If the instructor recognizes the volunteer has few riding skills, that child will be required to take a six week or day long riding course at a twenty-five percent reduction in fees, before the child may ride unattended. _____ initials

YOUTH AGES 8 TO 16 VOLUNTEER APPLICATION FORM

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in any way in Horse Riding and related activities, I hereby agree, acknowledge and appreciate that:

1. **I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property. WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE,** the following named persons or entities herein referred to as releasees. HorseSisters & Associates, Inc. Owner - Releasees and the child/minor Participant
2. To release the releasees, their officers, directors, employees, representatives, agents and volunteers and vessels from liability and responsibility whatsoever and for any claims or cause of action that I, my estate, heirs, survivors, executors, or assignees may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death or loss or damage to person or property that may occur as a result of engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this agreement. This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

WARNING – UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACITIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES Fla. Stat. §773.05 (1993)

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITH ANY INDUCEMENT.

Signature of Youth	Printed Name of Youth	Date
Signature of Parent/Guardian	Printed Name of Parent/Guardian	Date

FOR PARTICIPANTS OF MINORITY AGE OR THEIR WARD : This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities to his/her involvement in these programs for myself, my heirs, assigns and next of kin.

Signature of Parent or adult legal Guardian if Participant is a minor, and by their signature, They on my behalf release all claims that Both they and I have.	Printed name of Parent or Adult Legal Guardian	Date
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