



## Volunteer Registration & Release Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

## Liability Release

I would like to volunteer in the Reins of Life (ROL) therapeutic horseback riding program, as a side walker, lead-line walker, and horse handler, and when permitted, to ride any of the ROL horses. I acknowledge the risks of horseback riding and working around horses and individuals with special needs. However, I feel that the possible benefits to myself are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Reins of Life, it's Board of Directors, Instructors, Volunteers, or Employees for any and all injuries and/or losses I may sustain while volunteering for Reins of Life.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Under age 18 must have parent or guardian signature)

## Emergency Medical Release

I, the undersigned do hereby authorize Reins of Life, it's agents or employees to provide and render necessary medical care and treatment to me for any illness or injury which I might incur while volunteering in the Reins of Life therapeutic horseback riding program or at the program facility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Under age 18 must have parent or guardian signature)

Health Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

(Under age 18 must have parent or guardian signature)