

**WILLOW FARM THERAPEUTIC RIDING
VOLUNTEER SIGN-UP SHEET**

NAME: _____

PARENT/GUARDIAN (if under 18): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: (h): _____ (cell): _____

(w): _____ (email): _____

DATE OF BIRTH: _____

NOTIFY IN CASE OF EMERGENCY: _____

PHONE: _____

ARE YOU AVAILABLE DAYS? _____ EVENINGS? _____ WEEKENDS? _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS? _____

IF SO, PLEASE SPECIFY: _____

Can you walk for 60 minutes and jog short distances? _____

Given the chance to change sides frequently, can you hold your arm above shoulder level
and support modest weight? _____

Are you comfortable working or walking around horses/ponies? _____

Do you have experience with horses/ponies? _____

If so, please specify: _____

Do you have other skills or training that may benefit our volunteer program?

If attending college, or high school, do you need credit for your volunteer work?

Do you have your own transportation? _____ If no, do you think that it will interfere with
volunteering? _____

Please check the areas that you are interested in:

_____ sidewalker in a riding class

_____ horse leader in a riding class

_____ assist with transportation of mounts or disabled person

_____ telephone calling

_____ fundraising

_____ publicity: writing articles, contracting organizations, ect.

_____ publications/posters

_____ equipment care

Your participation in this program will help to offer new opportunities to people with disabilities. If you know someone who would be interested in volunteering or if you have any questions regarding the program please call: Julie Frazier at 906-249-3648

EMERGENCY RELEASE TREATMENT FORM

VOLUNTEER'S NAME: _____

PARENT/GUARDIAN (if under 18): _____

PHONE #: (h): _____ (cell): _____

(w): _____ (email): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____

PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

HEALTH CARE PROVIDER: _____

POLICY #: _____

Person authorized to give temporary assistance or care in absence of parent or guardian (if under 18):

NAME: _____

PHONE #: _____ RELATIONSHIP: _____

PERFERRED MEDICAL FACILITY: _____

In case of a Medical Emergency, the undersigned authorizes Willow Farm Therapeutic Riding to provide such medical assistance as they determine to be necessary. The undersigned authorizes any licensed physician and/or medical facility to provide medical surgical care and/or hospitalization for the volunteer, including anesthetic, which they determine to be necessary or advisable, pending receipt of a specific consent from the undersigned.

No volunteer can be accepted until this form has been completed by the parent(s)/guardian if applicable. If the volunteer is of legal age (18), he or she may complete the form. Volunteers will be under supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by Willow Farm Therapeutic Riding.

I would like _____ to volunteer. I understand that NO LIABILITY can be accepted by any organization concerned including WILLOW FARM THERAPEUTIC RIDING in the event of any accident that may occur.

SIGNATURE OF PARENT GUARDIAN: _____

SIGNATURE OF VOLUNTEER (if over 18): _____

DATE: _____

AGREEMENT AND LIABILITY RELEASE
PLEASE READ CAREFULLY BEFORE SIGNING

I agree to the following with WILLOW FARM THERAPEUTIC RIDING

(Referred to as "WFTR"), as a condition for its allowing me and the person(s) identified below, to enter the property of WFTR, be near horses, receive riding instruction, work near horses, and/or ride horses on or off the WFTR property.

NAME: _____

ADDRESS: _____

PHONE: (h): _____ (cell): _____

(w): _____ (email): _____

I also make this agreement on behalf of the following, who are my children or legal wards:

1. _____ Age _____ 2. _____ Age _____

All parts of the agreement shall apply to me, and the children/legal wards listed above. (We will collectively call ourselves "I", "me", or "my" throughout this Agreement.) This agreement is binding when WFTR permits me to enter the property for any purpose, be near horses on the premises, receive riding instruction at any location, and/or ride horses on or off WFTR property.

IT IS HEREBY AGREED AS FOLLOWS:

1. I have requested to enter WFTR premises, be near horses, work near horses, receive riding instruction on or off WFTR property, and/or ride on or off of WFTR property.
2. I understand that anyone riding on near a horse can suffer bodily and other injuries. Among other things, no horse is completely predictable. For example, when frightened, angry, or under stress, a horse's natural instincts are to jump forward or sideways, or run away from danger by trotting or galloping. Horses are also known to kick, buck, rear up, or bite. I know that horses can do any of these things without warning. I also understand that all horses are powerful and potentially dangerous animals. Further, I understand that horseback riding can expose me to numerous hazards which could include: a horse's unpredictable reactions to things such as sounds, sudden movement, people, animals, or unfamiliar objects, surface conditions on or near WFTR premises, and/or collisions with other horses or objects. I understand these and other risks are dangers inherent in equine activities and I expressly agree to assume them.

3. **LIABILITY RELEASE:** I assume full responsibility for any and all bodily injuries or damages which I may sustain when on or near WFTR property as well as when riding horses on, near, or off WFTR property. By the term "damages" I mean, for example, medical expenses, expenses incurred because of bodily injury or property damages, and/or personal property damages. I, for my heirs, administrators personal representatives or assigns, release and discharge WFTR and its employees, agents, managers, trainers, instructors, volunteers, insurers, representatives, and others acting (present and future), whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my bodily injury or damage that may be sustained, or property damage which may occur as a result of being on the premises of WFTR, being near horses, riding horses on WFTR premises, receiving riding instruction and/or riding horses off WFTR premise. It is understood that this Agreement does not apply if my injury or damage is caused by the gross negligence or wanton and willful misconduct of WFTR.

IT IS MUTUALLY UNDERSTOOD AND AGREED THAT THE PROVISIONS OF THIS LIABILITY RELEASE SHALL CONSTITUTE A WAIVER OF LIABILITY FOR AN INJURY TO, OR DEATH OF AN EQUINE ACTIVITY PARTICIPANT BEYOND THE PROVISIONS OF THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, 1994 P.A. 351

4. **WARNING:** Under Michigan Equine Activity Liability Act (1994, P.A. 351), an equine professional is not liable for an injury or death of participants in an equine activity resulting from inherent risk of the equine activity.
5. **INDEMNIFICATION:** I also hereby agree to indemnify and hold harmless WFTR and its employees, agents, manager, trainers, instructors, volunteers, insurers, representatives, and others acting on their behalf against all damages which are sustained or suffered by any third person(s) (people who are not parties to this Agreement, including but not limited to, my relatives, guests, ect.), including any and all premises of WFTR, or being near horses off the WFTR property. This indemnification shall include all attorney fees.
6. I am fully responsible for my own safety while on, near, or off WFTR property. I understand WFTR advised me that I should wear and/or purchase properly fitted and secured ASTM-standard/SEI-certified protective headgear at all times when riding or near horses.

7. I represent that I am now and will be at all times while on or near WFTR property covered by accident/medical insurance.

My insurance company is: _____

My policy # is: _____

8. Michigan Law shall govern this Agreement. Should any clause conflict with State Law, that clause will be null and void and the remainder of the Agreement shall remain in effect.

9. ALSO, I REPRESENT THAT:

- I AM AT OR OVER 18 YEARS OF AGE, OF SOUND MIND, AND NOT SUFFERING FROM SHOCK OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS;
- I HAVE READ THIS ENTIRE AGREEMENT AND LIABILITY RELEASE (3 PAGES), AND I UNDERSTAND IT; AND
- ALL INFORMATION I HAVE PROVIDED HEREIN IS TRUE AND ACCURATE.

SIGNATURE OF CONTRACTING PARTY: _____

DATE: _____

SIGNATURE OF WFTR REPRESENTATIVE: _____

DATE: _____

WILLOW FARM THERAPEUTIC RIDING

VOLUNTEER TRAINING....

1. Tour of Facility _____
(sign in sheet)
2. Grooming Techniques/explain, show _____
3. Show tack, how to tack _____
4. Leading _____
5. Ramp _____
6. Responsibility as a leader _____
7. Responsibility as a sidewalker _____
8. Responsibility as a floater _____
9. What to do in case of an incident _____
10. Proper conduct around students (confidentiality) _____

Date: _____ Trainer: _____

Volunteer Signature: _____

**WILLOW FARM THERAPEUTIC RIDING
PHOTO RELEASE FORM FOR VOLUNTEERS**

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Willow Farm Therapeutic Riding permission to take or have taken, still and moving photographs, and films - including television pictures.

Consent and authorization is given to Willow Farm Therapeutic Riding, its advertising agencies, news media, and any other persons interested in Willow Farm Therapeutic Riding and its work, to use and reproduce the photographs, films, and pictures for the purpose of newspaper articles, television media, brochures, pamphlets, website, Facebook Page, instructional materials, books, and clinical material.

I also acknowledge that no inducements or promises have been made to us/me to secure my signature(s) to this release other than the intention of Willow Farm Therapeutic Riding to use such photographs, films, and pictures for the primary purpose of aiding Willow Farm Therapeutic Riding and its work.

VOLUNTEER NAME: _____

SIGNATURE: _____

Parent/Guardian if under 18

DATE: _____



YMCA of Marquette County
1420 Pine Street
Marquette, MI 49855
Phone (906) 227-9622
Fax (906) 227-9248
www.ymcamqt.org

Volunteer Application

At the YMCA of Marquette
County we build strong kids,
strong families, strong
communities

P E R S O N A L	Date: _____		
	Last Name: _____		First: _____ M.I. _____
	Address: _____		
	City: _____		State: _____ Zip: _____
	Home Phone: () _____		Work Phone: () _____
	Date of Birth: _____		Are you a member of the YMCA of Marquette County? Yes _____ No _____
	**If you are under 18 you must have a parent signature.		
Email Address _____		Preferred Method of Contact Phone _____ Email _____	

Available Start Date: _____

May we call or email you for other one time events or when we are in need? Yes _____ No _____

Please indicate which days and times you are available to volunteer

H O U R S		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
AM								
PM								
Evening								

S E R V I C E	Are you required to volunteer to satisfy a school requirement? YES _____ NO _____
	Name of School _____
	If yes, how many hours? _____ Deadline _____
	Are you required to volunteer by court order? YES _____ NO _____
	If yes, how many hours? _____ Deadline _____

Have you ever been convicted of a crime (misdemeanor or felony)? Yes _____ No _____
If yes please list each offence and the year you were charged _____

Volunteer Name (Please print legibly)

Signature

Date

Parent/Guardian (Please print legibly)

Signature

Date

If under 18 years old

Volunteer Waiver and Release of Liability

I(name)_____of(address)_____

(phone)_____ am offering my services to the YMCA of Marquette County on a volunteer basis. I understand that I will receive no pay, benefits or other privileges of employment of any kind for my services. I also certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer work.

I hereby waive, release and discharge any and all claims, demands, actions of any and every nature whatsoever that I may have for any and all loss, damages for death, personal injury or property damage against the YMCA of Marquette County, its board of directors, officers, employees, servants and all persons connected with the YMCA of Marquette County as a result of my participation in any and all volunteer events or assignments.

I further understand that accidents and injuries can arise out of this activity; knowing the risk, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the YMCA of Marquette County and persons mentioned above, who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages.

This release is intended to discharge the YMCA of Marquette County, its board of directors, officers, employees and volunteers from and against any and all liability arising out of or connected in any way with my participation any volunteer event or assignment, even though that liability may arise out of the negligence of the carelessness on the part of the YMCA of Marquette County or persons mentioned above.

I further agree to indemnify, hold harmless and defend the YMCA of Marquette County, its board of directors, officers, employees, servants and all persons connected with the YMCA of Marquette County from any and all actions, claims and demands of any nature whatsoever in any manner arising out of my volunteering at the YMCA of Marquette County or any sponsored YMCA activity that is off site.

It is further understood and agreed that this waiver, release and assumption of risks is to be binding on my heirs and assigns.

Volunteer Signature: _____ Date: _____

Volunteer Coordinator Signature: _____ Date: _____