



Post Office Box 92, Closter, New Jersey 07624

<http://infinityequine.org>

Year _____

VOLUNTEER APPLICATION FORM

Volunteer

Name _____

Address _____

Telephone – Home _____ Mobile _____ Email _____

Date of Birth _____ Height* _____ Weight* _____ M/F (please indicate) _____

**This information will assist IET in matching the volunteer to the participant.*

Parent/Legal Guardian

Name _____

Address (if different from volunteer's) _____

Telephone – Home _____ Mobile _____ Email _____

In an emergency, which number should be called? _____

Medical History

Allergies (specify) _____

Date of last tetanus shot _____ Asthma - Y _____ N _____

Please describe any health restrictions affecting your participating in equine-related activities

Photo Release - I hereby _____ give my permission _____ do not give my permission for images of my child/ward/myself to be taken during activity sessions, by video, photo or digital camera, to be used solely for the purposes of promotional material and publications, and I waive all rights of compensation or ownership of such images on behalf of myself and my child or ward.

Medical Representation - I represent to IET that I and/or my child/ward are currently in good health and that I know of no medical reason that would prevent me or my child/ward from serving as a volunteer in IET's programs.

Date _____

Signature of Parent/Legal Guardian _____

Print name _____

SIGNATURE OF VOLUNTEER (18 OR OLDER) _____



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AGREEMENT OF INDEMNIFICATION, RELEASE, AND WAIVER OF LIABILITY

(for volunteers only)

I am the parent/guardian of _____ . In consideration for being permitted to volunteer, or for my child's/ward's volunteering, in the programs (the "Programs") administered by Infinity Equine Therapy, Inc. (hereinafter, "IET"), I, on behalf of myself and/or my minor child/ward hereby agree as follows:

1. Release and Waiver of Liability. I shall be responsible for all of my or my child's/ward's medical and non-medical expenses resulting from our participation in the Programs and shall not seek reimbursement from IET for such expenses. I forever **RELEASE** and **DISCHARGE** IET, including its trustees, directors, agents, servants, instructors and other volunteers (hereinafter, collectively, the "Released Parties") from any and all liabilities, claims, demands or causes of action that I or my child/ward may now or hereafter have for injuries and damages arising out of my participation, or the participation of my child/ward, as volunteer(s) in the Programs.

2. Acknowledgement and Assumption of Risk. I understand that the Programs involve horseback riding and other activities involving horses and equipment related thereto. I further understand that there are inherent risks in such activities and that these inherent risks may result in serious injury or death. I understand that these risks exist despite all reasonable precautionary steps taken by the Released Parties. On behalf of myself and my child/ward, I voluntarily assume these risks. I agree to exercise reasonable care and to follow all instructions while participating in the Programs and to ensure that my child/ward exercises reasonable care and follows all such instructions.

3. Indemnification. I hereby agree to indemnify, save and hold harmless any or all of the Released Parties from and against any loss, liability, damage or costs they may incur that arise out of or are in any way connected with either my or my child's/ward's volunteering or other involvement in the Programs, to the extent that such loss is caused by or results in any way from my own negligence or the negligence of my child/ward.

I have read this document and understand its contents. I have made a voluntary and knowing decision to sign this document.

Signature _____ Date _____

Print Name _____