



Hoofbeats & Heartbeats Inc. Volunteer Registration & Release Form

Name/ Address:

Date of Birth: _____

Phone:

Home: (_____) _____ - _____

Work: (_____) _____ - _____

Cell: (_____) _____ - _____

Parent/Guardian Name & Address:

Students School & Location:

Can You...?

Yes/No Walk for 60 minutes without fatigue?

Yes/No Jog for short distances?

Yes/No Hold your arms above shoulder height and support a modest weight?

Yes/No Do you have any specific physical limitations, which would prohibit you from assisting in this program?

Yes/No Do you have experience with horses?

If yes, please describe: _____

Hoofbeats & Heartbeats Inc. has many volunteer opportunities! Would you be interested in helping with...

- | | |
|---|--|
| <input type="checkbox"/> Program Volunteer | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Leading a Horse | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Sidewalking with a Rider | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Special Event Demos | <input type="checkbox"/> Photography/Video |

Where did you hear about Hoofbeats & Heartbeats Inc?

Some employers offer a matching gift program as an incentive for their employees to volunteer. May we inquire with who you are employed?

Employer: _____

Location: _____

Liability Release

As a volunteer with Hoofbeats & Heartbeats Inc., I acknowledge the risks and potential for risks of horseback riding, however, I feel that the possible benefits to myself and the participants I work with 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 Hoofbeats & Heartbeats Inc., its board of directors, staff, consultants, and sustained while participating in Hoofbeats & Heartbeats Inc.

Signature of Release: _____

Date: _____

Confidentiality

With respect to all participants (medical and personal file information) retained in the program, it is to be understood that no information is to be shared with any other persons outside of the program.

Signature of Release: _____

Date: _____

Waiver

As a volunteer with Hoofbeats and Heartbeats Inc., you may be exposed to communicable diseases. Due to the MN Privacy Act, Hoofbeats & Heartbeats Inc. may not reveal this kind of information about riders or residents. It is recommended that you take any precautions necessary.

I have read and understand the above waiver.

Signature of Release: _____

Date: _____

Volunteer Photo Release

I consent to and authorize the use and reproduction by Hoofbeats & Heartbeats Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature of Release: _____

Date: _____