



# Volunteer Liability Release Form

For 2019

\_\_\_\_\_ Staff \_\_\_\_  
 (Participant's name – first and last – please print legibly) (age) Volunteer \_\_\_\_  
 \_\_\_\_\_ Scholarship \_\_\_\_  
 (t-shirt size) (birth date)

In considerations of being permitted to participate among and on horses owned by Linda Watson-Call and Keith Call of Pretty Pony Pastures LLC, on behalf of the person named above, I acknowledge and agree that:

1. There is risk of injury from the activities involved when riding or working around animals. The risks can include injury, paralysis or death.
2. By signing this release of liability, I understand and knowingly and freely assume all such risks waive and release forever all claims for damages against Pretty Pony Pastures, its owners, staff or volunteers for any and all injuries and/or losses that may result from this activity.
3. The possible benefit of participating in equine activities outweighs the risks assumed.
4. All rules and regulations, both posted and explained verbally will be followed.
5. This release shall be valid for all of 2019.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR COERCION BY ANYONE.

**Signature:** \_\_\_\_\_  
 (parent or guardian, if minor)

\_\_\_\_\_  
 (Printed name of parent/guardian, if minor)

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Cell number:** \_\_\_\_\_

Emergency number: \_\_\_\_\_ **You may text to the cell number:** \_\_\_\_ yes \_\_\_\_ no

Contact name/relationship: \_\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_

Policy number: \_\_\_\_\_

**Email:** \_\_\_\_\_

Date: \_\_\_\_\_

## **PHOTO RELEASE**

I  Do  Do not consent to and authorize the use and reproduction by Pretty Pony Pastures LLC of any and all photographs and any other audio/visual materials taken of the named person for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

## **Confidentiality Agreement:**

I understand that all information (written and verbal) about Pretty Pony Pastures LLC participants is confidential and will not be shared with anyone without the expressed written consent of the participant and/or their parent/guardian.

Signature: \_\_\_\_\_

**Information needed about participant (please describe if yes):**

Are there any allergies?	Yes	No	_____
Is there any acute illness now present?	Yes	No	_____
Is there any chronic problem or illness?	Yes	No	_____
Has there been any treatment recently for some medical problem?	Yes	No	_____
Are there any allergies to medication or local anesthetics?	Yes	No	_____
Date of last Tetanus shot _____			

List any medications now being taken for treatment of any medical problems:

\_\_\_\_\_  
\_\_\_\_\_

List any other special needs we need to be aware of (i.e. blind, deaf, prosthesis, including plates, rods, artificial hips, knees, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consent Plan**

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the contact named at emergency number listed on the other side of this form cannot be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

**Non-Consent Plan**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the activities associated with Pretty Pony Pastures or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_