

4 Related Experience and Skills

Have you had previous experience working with persons who are physically, visually, auditorally or emotionally challenged? Yes No If yes, please describe, including specific skills and/or degrees: _____

Have you had previous experience working with horses? Yes No If yes, please describe _____

Are you certified in: First Aid CPR - my CPR certificate expires on: _____

5 Availability

At what times are you interested in volunteering?

AM flexible Afternoons Evenings Other

There are times during a week that I cannot do volunteer work _____

Our program does not lesson on weekends

VII. STATEMENT OF UNDERSTANDING, AUTHORIZATION, RELEASE AND INDEMNITY

I, the undersigned ("Volunteer"), am over 18 years of age and fully competent to make this Statement of Understanding, Authorization, Release and Indemnity ("statement"), which I have read and understand. I understand the information I have provided may be verified and permit Liberty Riders, Inc. to inquire of others concerning my suitability as a volunteer. In the course of volunteering, I may deal with confidential information and agree to keep said information in the strictest confidence. The relationship between Liberty Riders, Inc. and me is an "at will" arrangement and may be terminated at any time without cause, by either Liberty Riders, Inc. or myself. I understand that, as a volunteer, I will assist in the riding and instruction of mentally or physically challenged riders, and that I will work with and around horses, as well as riders. I understand that I cannot serve as a volunteer until this Statement has been signed.

In return for the opportunity to serve as a volunteer with Liberty Riders, Inc., I hereby forever release, acquit and discharge Liberty Riders, Inc. and its officers, directors, trustees, agents, employees, representatives, affiliates, successors and assigns (collectively the "Released and Indemnified Parties") from any and all claims, demands and causes of action of any and every kind of nature, including those caused in whole or in part by the negligence of any of the Released and Indemnified Parties, which I may now or in the future have against any or all of the Released and Indemnified Parties and that arise in whole or in part as a result of my involvement with Liberty Riders, Inc. I also understand and agree that Liberty Riders, Inc. assumes no liability for accidents or acts of negligence or gross negligence by anyone, including the Releases and Indemnified Parties.

I further agree to fully indemnify and defend any of the Releases and Indemnified Parties against and any and all claims, demands or causes of action of any and every kind or nature (including attorney's fees and other defense cost), including those caused in whole or in part by the negligence of any or all of the Released and Indemnified Parties which directly or indirectly relate to personal injuries or property damages sustained by me and that arise in whole or in part as a result of involvement with Liberty Riders, Inc. If any provision of this Statement is determined to be unenforceable, all other provisions shall remain in full force and effect.

Under the Michigan Equine activity liability act, an equine professional is not liable for an injury to or death of a participant in an equine activity resulting from a inherent risk of the equine activity.

Agreed: _____ Date: _____
Signature of Volunteer

I represent to Liberty Riders, Inc. that I am the parent or guardian of the Volunteer whose signature appears above. On behalf of that Volunteer, I agree and accept all of the provisions of the foregoing Statement of Understanding, Authorization, Release and Indemnity. I am authorized to sign this Statement on behalf of the Volunteer and my doing so legally binds the Volunteer as if he/she were not a minor.

Agreed: _____ Date: _____
Signature of Parent or Guardian of minor Volunteer (under 18 years of age)

VOLUNTEER CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM

Volunteer Name: _____

Parent/ Legal Guardian (if under the age of 18 years) _____

Address: _____
(Street) (city) (state) (zip)

Phone(s): Home: _____ Work: _____ Cell: _____

Email address: _____ (Please print clearly)

Date of Birth: _____ Gender: _____ Age: _____

Physician's Name: _____ Phone: _____

Office Address: _____
(street) (city) (state) (zip)

PERSON AUTHORIZED to give TEMPORARY assistance of care in the ABSENCE of PARENT / GUARDIAN:

Name: _____

Phone(s): _____ Relationship: _____

PERFERRED Medical Facility: _____

Describe any medical conditions requiring special treatment, including allergies, and any current medications and dosage:

In case of medical emergency, the undersigned authorizes *Liberty Riders, Inc.* to provide such medical assistance as they determine to be necessary. If the rider named above is younger than 18 years, the undersigned authorizes *Liberty Riders Inc.*, acting through the adult on its staff who has actual care, control, and possession of the child to consent to medical, dental, and surgical treatment of the child when the undersigned cannot be contacted. The undersigned represents to *Liberty Riders, Inc.* that he or she is the child's parent and either (i) is not divorced from the other parent, or (ii) is divorced from the other parent, but has been authorized by a written court order to give consent to medical and dental care and surgical treatment of the child. The undersigned will indemnify and hold *Liberty Riders Inc.*, it's officers, members, employees, and agents harmless if he or she is not empowered by law to give this consent.

**VOLUNTEER CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM CONTINUED
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The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the child, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent form from the undersigned.

No person can be accepted for riding instruction until this form has been completed by the parent/parents or guardian. If the person is of legal age (18), he or she may complete the form, if he or she is legally competent to do so. Riding instruction will be under strict supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any organization concerned with this instruction, including *Liberty Riders Inc*, in the event of any accident that may occur.

Date: _____
Signature of parent/parents/guardian for minor rider (under the age of 18)

Date: _____
Signature of adult rider (older than 18 years)

Insurance Carrier Policy Number

Only fill this area if you DO NOT give us Consent

**Rider's Non-Consent for Emergency Medical Treatment Form
*Must be signed in front of Liberty Riders, Inc. Instructor***

Volunteer Name: _____

Parent/ Legal Guardian (if under the age of 18 years old): _____

Address: _____
(street) (city) (state) (zip)

Phone(s): Home: _____ Work: _____ Cell: _____

Date of Birth: _____ Gender: _____ Age: _____

Rider's Non-Consent for Emergency Medical Treatment Form Continued from page 4

Describe any medical conditions requiring special consideration, including allergies, and any current medications and dosage: _____

I DO NOT GIVE MY CONSENT for emergency medical treatment/aid in the even of illness or injury during the process of receiving services or any participation on my part at *Liberty Riders Inc.*
Signature: _____ Date _____

In the event emergency treatment is required, I authorize *Liberty Riders, In.* or its representatives to take the following action in my behalf. _____

Please notify the following in the event of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

No person can be accepted for participation at: *Liberty Riders Inc.* until this form has been completed. If the person is not of legal age (18), the form must be completed be the parent/parents/ or guardian. Riding instruction and program activities will be under strict supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any organization concerned with *Liberty Riders Inc.*

Date: _____
Signature of parent/parents/guardian for minor volunteer (under the age of 18 years old)

Date: _____
Signature of adult rider (older than 18 years)

Date: _____
Signature of Witness

Insurance Carrier

Policy Number

PHOTO RELEASE (OPTIONAL)

I hereby consent to and authorize the use and reproduction by **Liberty Riders Inc.** of any and all photographs and any other audiovisual materials taken of me/ my son / my daughter/ my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

DATE: _____

SIGNATURE OF PARENT/PARENTS/GUARDIAN FOR MINOR VOLUNTEER
(UNDER THE AGE OF 18)

DATE: _____

SIGNATURE OF PARENT/PARENTS/GUARDIAN FOR ADULT VOLUNTEER SIGNATURE
(OLDER THAN 18 YEARS)