

Office Use Only	
Date Rec'd	
Contacted	
Trained	



VOLUNTEER INFORMATION

LAST NAME FIRST NAME DATE OF BIRTH

STREET ADDRESS CITY/STATE ZIP CODE

PARENT/GUARDIAN NAME (IF UNDER 18)

PRIMARY PHONE NUMBER ALTERNATE PHONE NUMBER

EMAIL ADDRESS

AVAILABILITY (PLEASE CIRCLE) M T W TH F S SU MORNING AFTERNOON EVENING

VOLUNTEER INTEREST(S) ADMINISTRATION FUNDRAISING BARN HELP

EXPERIENCED WITH HORSES? YES NO

IF YES, PLEASE DESCRIBE: _____

VOLUNTEER SIGNATURE DATE

PARENT/GUARDIAN SIGNATURE DATE
(IF VOLUNTEER IS UNDER 18 YEARS OF AGE)



VOLUNTEER EMERGENCY CONTACT & MEDICAL TREATMENT FORM

VOLUNTEER NAME

EMERGENCY CONTACTS

PRIMARY EMERGENCY CONTACT

PHONE NUMBER

ALTERNATE EMERGENCY CONTACT

PHONE NUMBER

PHYSICIAN NAME

PREFERRED MEDICAL FACILITY

HEALTH INSURANCE COMPANY

POLICY NUMBER

CURRENT MEDICATIONS

MEDICATION ALLERGIES

Consent Plan

In the event emergency medical treatment/aid is required due to illness or injury during the process of receiving services or while being on the property of the agency, I authorize Hold Your Horses, LLC to:

1. Secure and retain medical treatment and transportation if needed
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment

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 "Emergency Contact(s)" listed on this form is/are unable to be reached.

VOLUNTEER CONSENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE
(If Volunteer is under 18 Years of Age)

DATE



PHOTO RELEASE

I hereby consent _____ / do not consent _____ to, and authorize the use of, any and all photographs or audio/visual materials for promotion, education or exhibition or any other use to benefit Hold Your Horses.

VOLUNTEER NAME

SIGNATURE OF RELEASE

DATE

PARENT/GUARDIAN SIGNATURE
(IF VOLUNTEER IS UNDER 18 YEARS OF AGE)

DATE

CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) regarding clients, staff and volunteers is confidential and will not be shared. Additionally, I will not take pictures of clients, staff and volunteers at Hold Your Horses, nor will I post comments about, or pictures of, Hold Your Horses clients, staff, volunteers and events on Facebook or other social media.

VOLUNTEER NAME

SIGNATURE OF AGREEMENT

DATE

PARENT/GUARDIAN SIGNATURE
(IF VOLUNTEER IS UNDER 18 YEARS OF AGE)

DATE



Release and Hold Harmless Agreement

- I _____ (print name) am attending an event or volunteering my time at Hold Your Horses, a MN non-profit, and understand the potential danger that could incur in mounting, riding, walking, feeding or grooming horses or while participating in project work related to care of the horse property. Understanding those risks I hereby, release Hold Your Horses, its officers, director, employees and anyone else directly or indirectly connected with Hold Your Horses from any liability whatsoever in the event of injury or damage of any nature (or perhaps even death) to the person named above, caused by equines (horses) or volunteer activities on the property located at 5265 Woodland Trail, Greenfield, MN 55357.
- I understand and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless I know and understand that this Release and Hold Harmless Agreement may further limit the liability of Hold Your Horses to include any activity whatsoever, involving injury and/or damage to property.
- I further voluntarily agree and warrant to Release and Hold Harmless Hold Your Horses from any liability whatsoever, including, but not limited to, injuries, death, or property damages from: mounting, riding, dismounting, walking, grooming, feeding, use of horse barn, paddocks, and farm property, and horse tack in any capacity, including falling off whether the horse is bucking, flipping, (or) spooked.
- I am aware of the risks of contracting COVID-19 while participating in activities at Hold Your Horses during this time of the pandemic. I agree to follow all guidelines for personal hygiene, personal safety and public safety as recommended by Hold Your Horses.

I, _____, (legal guardian if under 18) the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Hold Your Horses understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).

(Date) _____

Person Voluntarily Entering into this Release and Hold Harmless Agreement.

(Printed Name) _____

(Signed Name) _____
Legal guardian if under 18