



Director: Barbara Kruger
Lead Instructors: Mary Mugnai & Kim Marinace

Volunteer Contract

I understand and agree to the following terms:

- I am committed to assisting for the days that I choose
- I will be responsible for notifying the office as soon as possible if unable to volunteer on my scheduled day.
- I will be attentive, helpful, and on time for the lessons.
- I will be supportive of the instructor and their teaching.
- I will be responsible and follow all horsemanship safety procedures.
- I will be responsible for signing in for each day that I assist.

I am available to volunteer on the days indicated below.

Monday 4:30 pm – 6:00 pm All Sessions___ Avail. Between _____

Wednesday 4:30 pm – 6:00 pm All Sessions___ Avail. Between _____

Thursday 4:30 pm – 6:00 pm All Sessions___ Avail. Between _____

Saturday 9:30 am – 11:30 pm All Sessions___ Avail. Between _____

If we need extra volunteers, can we contact you to possibly assist ? _____

My Name: _____ **Age:** _____

Address: _____ **City/State/Zip:** _____

Phone Number: _____

Cell Number: _____

Emergency Contact: Name: _____

Phone #: _____

E-Mail Address: _____

My Signature: _____

Parents Signature: _____

Please complete and submit this form to the program director.

(Release on Back)

**VOLUNTEER CONSENT, RELEASE, AND INDEMNIFICATION
AGREEMENT**

I _____, do hereby consent to and assume the unavoidable risks inherent in all horse related activities of said my participation in activities sponsored by My SHINE Program, Inc at Sweet Hills Riding Center and/ or other locations run by My SHINE Program, Inc. I acknowledge and I understand that despite reasonable safety precautions, horsemanship experiences can result in injury and even death.

I understand that **AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY. I** further understand that, in the event of any accident that might occur **NO LIABILITY** can be accepted by any organization concerned, including My SHINE Program, Inc. or Sweet Hill Riding Center its agents or assigns. In consideration, therefore, for the privilege of riding and /or working around horses at Sweet Hills Riding Center under the supervision of My SHINE Program, Inc., the Undersigned does hereby agree to hold harmless and indemnify My SHINE Program, Inc., and Sweet Hill Riding Center and further release it from any liability or responsibility for accident, damage, injury, or illness to the undersigned or to any horse owned by the Undersigned, or to any family member or spectator accompanying the Undersigned on the premises.

In consideration of the agreement of My SHINE Program, Inc. and Sweet Hills Riding Center to allow participation of the aforesaid volunteer. I do hereby forever release, acquit, discharge and hold harmless My SHINE Program, Inc., its officers, directors, agents, employees, instructors, representatives, therapists, volunteers and other persons associated with said program and the successors and assigns of each of them from all manner of claims, demands and damages of every kind and nature whatsoever which I or the aforesaid participant may now or in the future have against My SHINE Program, Inc., its officers, directors, agents, employees, instructors, representatives and any therapists, volunteers and other persons associated with said program and the successors and assigns of each of them on account of any personal injuries, physical or mental condition known or unknown, to the person of the aforesaid volunteer.

Volunteer
Signature _____ Date _____

Parent/Guardian
Signature _____ Date _____
(if under 18 years)