

Volunteer Application

Personal Information

Name: _____ Age: _____

Address: _____ City: _____ State: _____

Email: _____

Phone Number: _____

Emergency Contact: _____

Please Check availability:

Days: Sun ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

Time Available: 8 am-11 am ___ 5 pm-7 pm ___

*Volunteers must be 14 yrs and older

Please check activity you are willing to do:

Feeding & Turn out ___ Stall cleaning ___ Tack cleaning ___ Horse grooming ___

Gardening ___ Landscaping ___ Ring maintenance ___ Painting ___ Clean hay loft ___ Paddock repairs ___

Stacking/unloading hay and grain ___ Grant writing ___ Tutoring ___ Fundraising ___ Help with

mailings ___ General barn clean up ___ Cobwebbing ___

Other: Please explain

Do you have horse experience ? ___ If so please explain

Work to Ride 98 Chamounix Drive Philadelphia, PA 19131 215-877-4419 wtr@worktoride.net

RELEASE AND HOLD HARMLESS AGREEMENT

Chamounix Stable/ Work to Ride 98 Chamounix Drive Phila, PA 19131 215-877-4419

Instruction/Activity/ Participation Agreement and Liability Release

By this agreement, made and entered this _____ day of _____ 20____ by and between _____, who resides at _____ and Chamounix Stable/Work to Ride, Inc., 98 Chamounix Drive, Phila, PA 19131, herein referred to as "This Stable". It is hereby agreed to as follows:

1. That I, the undersigned, do for myself or on behalf of my child or legal ward, hereby voluntarily request to participate in riding instruction as a student at THIS STABLE, and that student will either ride his or her own horses, or school horses provided by THIS STABLE for instruction purposes.

2. That in the last two years student has ridden horses (write students initials beside appropriate riding time)

A. Less than 10 hours _____ B. 10 to 20 hours _____ C. 20 hours or more _____

3. That parent or guardian and student understand that horses are unpredictable by nature: that when frightened or angry or under stress, a horses natural instincts are to jump forward or sideways, to run away from danger at a trot or gallop, to kick, to jump, to back, to rear up in front, to bite, that horses are extremely powerful; and that if a rider falls to the ground, fall distance will generally be from 3 ½ to 5 ½ feet. I understand these risks, and voluntarily assume these risks and dangers.

4. That parent or guardian and student understands that hereafter upon mounting the horse and taking up the reins the student is in primary control of the horse and that THIS STABLE, nor the City of Philadelphia, including the officers, agents, employees, boards, servants, commissioners, or representatives are responsible for the results of the student's actions or inactions. The student further agrees not to abuse, misuse or deliberately agitate the horse as these actions may result in increased risk to him/her and others.

5. That I have been advised that students should purchase and wear a helmet or hard hat in and around THE STABLE as to prevent horse related injuries.

6. Liability Release: That I understand that I am responsible for bodily injury or property damage which I or my child or legal ward should sustain on THIS STABLE's premises and/or trails and/or while riding a horses, and or while in transit to horse shows, trail rides, or similar expeditions, and for any time I or my child or legal ward shall lose from employment or school or other activity, and for medical expenses or any other expenses incurred because of such bodily injury or property damage, and that I hereby, for myself, my heirs, administrators and assigns release and discharge the owners, operators, boards, instructors, staff. And sponsors of THIS STABLE, Work to Ride, City of Philadelphia, including its officers, agents, employees, boards, servants, commissioners, and representatives and all other participants of and from all claims, demands, actions and causes of action for such injuries sustained to my person, or that of my child or legal charge and/or property.

7. That the student is currently covered by accident-medical insurance and will remain insured for the duration of all riding instruction at THIS STABLE.

Name of Insurance Company _____
Policy Number _____

I further understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future payment of incurred bills.

8. That this agreement is entered into in the State of Pennsylvania and will be interpreted and enforced under the laws of this state.

9. Upon the signing of this agreement, the student acknowledges that he/she has read and agrees to be bound to THIS STABLE's rules attached as exhibit "B" and incorporated herein by this reference.

I, THE UNDERSIGNED BEING OF LEGAL AGE AND SOUND OF MIND AND NOT BEING UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT AND RELEASE. FULL NAME (S) OF STUDENT RIDER (S) IF UNDER AGE OR GUARDIANSHIP

1. _____
2. _____
3. _____

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

NAME OF RIDER _____ NAME OF PARENT/GUARDIAN _____
SIGNATURE OF RIDER OR GUARDIAN _____

DATE ____ / ____ / ____

Address of Rider/Guardian _____

City _____ Zip _____ Phone _____