



## VOLUNTEER INFORMATION AND RELEASE FORM

Name:

Address:

City

State:

Zip:

Phone: (Home)

(Cell)

(Work)

Date of Birth:

E-mail:

Emergency Contact: Name:

Phone:

Parent/Guardian (if applicable):

Name:

Address (if different)

Phone:

### PHOTO RELEASE

I consent to and authorize the use and reproduction by Talbot Special Riders, Inc. of any photographs and/or audio-visual materials taken of me which may be used for promotional materials, educational activities, exhibitions, newsletters or for any other use for the benefit of the Program.

Signature:

Volunteer, Parent or  
Guardian

Date:

Date:

I DO NOT CONSENT

Signature:

Volunteer, Parent or  
Guardian

### LIABILITY RELEASE

**Sign both the Talbot Special Riders and the  
Timber Grove Farm liability statements which  
are attached to this document.**