



VOLUNTEER INFORMATION AND RELEASE FORM

Volunteer 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: _____

I DO NOT CONSENT

Signature: _____
Volunteer, Parent or Guardian

Date: _____

LIABILITY RELEASE

I would like to participate as a Volunteer for the Talbot Special Riders, Inc. Program. I am fully aware of and acknowledge and accept all the risks and hazards, both minor and serious, of volunteering for the Program. To the fullest extent permitted by law and intending to be legally bound, for myself, my heirs, assigns and personal representatives, I hereby release and agree not to sue and to indemnify, defend and hold harmless Talbot Special Riders, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, Agents, Representatives and/or Employees and/or those of Glendale Riding School Inc. from and against any and all claims or liability of any kind for or on account of any loss (including personal property loss), damage, illness, injury, disability, or death suffered by me which in any way arises from or relates to volunteering for Talbot Special Riders Inc., whether or not caused in whole or in part by the actions or inactions of Talbot Special Riders, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, Agents, Representatives and/or Employees and/or those of Glendale Riding School, Inc. or any other person or entity.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE FORM AND THAT I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Volunteer/Parent/Guardian

Date