



Volunteer Release:
(MUST CONTAIN ORIGINAL SIGNATURES)

US Horse Welfare and Rescue, Inc.

345 Waterville Rd, Avon, CT 06001

Participant Release

This form must be completed and submitted for **EVERY participant* at US Horse Welfare and Rescue, Inc and Nod Hill Farm** before engaging in ANY USHWR related activity. It is the participant's* responsibility to ensure that all information is complete and accurate, and to notify USHWR in the event of any changes.

CONTACT INFORMATION: PLEASE PRINT

Participant's* Name: _____

Address: _____

Home/Work Phone: _____

Email: _____ Parent/Legal

Guardian's name (**participants* under 18**):

_____ Home/Work Phone:

For staff use only:

👤 Volunteering ____ on farm ____ events ____ fundraising ____ advocacy

👤 Foster Care _____

👤 Adoption _____

👤 Group Volunteers: Name of organization _____ # _____

👤 Intern _____

👤 Other: _____

STAFF NOTES _____

***Participant: Defined as Any** individual who knowingly participates in a USHWR activity on or off USHWR property, including barn/farm labor, educational/fundraising activities, and any other activity at a location sponsored by USHWR.

MUST CONTAIN ORIGINAL SIGNATURE BEFORE HANDLING ANY HORSE

I hereby acknowledge and assume the risk of participating in any and all horse related activities, including riding, at USHWR or in any and all locations where USHWR activities take place. I do hereby, waive, release and forever discharge, and indemnify and hold harmless USHWR, its officers, staff members, volunteers, instructors, advisors and/or agents from any and all claims, suits, actions, damages, losses, liability, cost and expenses (including attorney fees and court costs), of any kind or nature whatsoever, incurred for injuries and/or damages to person and/or property. I understand that participation in activities at USHWR are potentially hazardous and can result in serious injury and I am voluntarily allowing the participant participation in the programs. I release them from responsibility for accidental physical injury, including death or illness and loss of personal property while at USHWR.

I agree to remain fully liable and responsible for any such hospital, doctor, ambulance, dental or medical fees in the event of an injury to me as a result of my participating in any and all activities involving USHWR. I understand that USHWR is **NOT required to provide health, accident or liability insurance to participants***. Please ask if any policies are currently held.

I acknowledge that there is a valid consideration to executing this release. The invalidity of any statement or waiver of rights above under local, state or federal law does not invalidate any other statement or waiver of rights above.

Signature: _____ Date: _____
_____ (participant* or parent/guardian if under 18)

***PLEASE READ CAREFULLY AND INITIAL BESIDE EACH STATEMENT BELOW**

Participant name (print)

Parents' names (print)

I understand that horses are independent living beings and can be unpredictable. I further understand that there are always elements of risk in equestrian activities, including permanent disability or death, that common sense and personal awareness can help reduce. (initials)

I am aware that at all times when on Nod Hill Farm, it is MY RESPONSIBILITY to:

- _____ 1. Be alert and respectful of horses, speak in calm tones around horses, avoid startling movements and noises when possible.
- _____ 2. Never leave horses unattended with their stall door open, in stable aisles, while they are tied or in the riding arena.
- _____ 3. Always lead horses properly with a lead rope.
- _____ 4. Always wear appropriate clothing, including durable shoes.
- _____ 5. Clean and put away all tack and equipment after using.
- _____ 6. Know locations of emergency telephone numbers for managers, ambulance and veterinarians' phone numbers, and farm staff.
- _____ 7. Read and obey all posted information and warnings.
- _____ 8. Comply with all directions given by USHWR staff, team leaders, managers and instructors unless doing so will endanger yourself, others or horses, in which case immediately seek owner/management to report to.
- _____ 9. Refrain from acting in any manner which may cause or contribute to my injury or the injury of other people or horses. No alcohol on the premises.

EXERCISERS/RIDERS CODE OF CONDUCT/AGREEMENT

I am aware that at all times when riding, it is MY RESPONSIBILITY to:

- _____ 1. Always ride with another person.
- _____ 2. Check all equipment and tack, including the saddle, girth, straps, bridle and bit before using for signs of weakness & proper fit.
- _____ 3. Use proper equipment and attire, including a regulation helmet with a chin strap snugly fastened at all times and boots with heels. I also understand that regulation helmets are available for use at USHWR and ARE MANDATORY for anyone exercising/riding any horses on USHWR Nod Hill Farm and if at any time I choose to remove the helmet while in the arena or on horseback that I am wholly responsible for any consequences.
- _____ 4. Ride in control ONLY on horses rated within my ability level.
- _____ 5. Be constantly aware of, anticipate and be able to avoid nearby horses, people and obstacles, or natural and other hazards.
- _____ 6. Never tailgate and always audibly alert nearby riders and people on the ground before changing direction or overtaking another horse.
- _____ 7. I am aware that cameras may be installed at USHWR as a measure of security and safety for the horses, people and property.

I understand that this is only a partial list, and I must be safety conscious and exercise sound judgment AT ALL TIMES. ANYONE found to be endangering themselves, other people or horses face immediate revocation of riding privileges WITHOUT EXCEPTION.

SIGNATURE (Rider) _____ Date _____

SIGNATURE (Parent/
Guardian) _____ Date _____

OPTIONAL: AUTHORIZATION FOR TREATMENT

The undersigned participant* and parents or legal guardian of a minor participant*, authorizes members of USHWR as agent(s), to consent to any emergency medical treatments including x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician, licensed emergency medical technician or surgeon, whether on USHWR property, in a remote location, in an office or in a licensed hospital in the absence of a legal representative and until a legal representative is able to take charge of the participant's care. This authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as the health care giver may deem advisable. This Authorization shall remain effective indefinitely unless revoked in writing.

Signature: _____ Date: _____
_____ (participant* or parent/guardian if under 18)

Health Insurance Carrier: _____

Health Insurance Phone Number: _____ Policy
Number _____ Family Physician
number _____

Address _____ Phone
Number: _____

OR (INITIAL HERE) _____ I DO NOT CONSENT TO ANY MEDICAL TREATMENT BUT ONLY CONSENT TO USHWR CALLING FOR AN AMBULANCE/EMERGENCY MEDICAL PERSONNEL FOR MYSELF AND/OR MY MINOR CHILD .

