



Therapeutic Horseback
Riding Program

Volunteer Information Form

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/ Guardian (if under 18): _____ Date of Birth: _____

If student, name of school: _____ E-mail: _____

Emergency contact #1: _____ Phone: _____

Emergency contact #2: _____ Phone: _____

Photo Release

I consent to and authorize the use and reproduction by the Rainbow Connection of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities or for any other use for the benefit of the program.

Signature: _____ Date: _____

Volunteer Liability Release

As a volunteer for the Rainbow Connection, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against the Rainbow Connection, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in the Rainbow Connection.

Signature: _____ Date: _____

Signature of parent/guardian: _____ Date: _____
(if volunteer is under 18)