



Volunteer Release of Liability

I, _____, and _____, have read, understand
(volunteer) (parent or guardian, if under 18 years of age)

and agree to the following: I understand that there are many inherent risks and hazards when handling, riding, or being in the vicinity of horses. Horses may be unpredictable in nature and have been known to kick, bite, strike out, buck, rear or bolt, if they feel threatened or frightened. I understand that even well-trained horses with no history of causing injury may exhibit any of these behaviors at any time. I understand the risk of bodily injury, property damage, or death that may result from my participation in any capacity in the vicinity of horses. This includes but is not limited to grooming, leading, riding, exercising, side-walking or cleaning stalls. I understand there are a significant number of horses on the premises of Promise Ranch and I assume all risks of my activity on the property.

I also understand that I am volunteering with a Therapeutic Riding program that serves individuals with cognitive, behavioral and physical impairments. I understand and assume all and any risks associated with interacting and assisting with these individuals.

I agree that Promise Ranch Therapeutic Riding, Lazy Horse Acres, it's agents, employees, contractors, trainers, clients, and other affiliates are not liable for death, sickness and/or accident, including consequential damages, caused to me except if caused by willful and wanton gross negligence of Promise Ranch Therapeutic Riding. In addition, I agree to defend and hold Promise Ranch Therapeutic Riding (and affiliates listed above) completely harmless from all claims, demands, actions and liabilities, which may be asserted for damages referred to above. This includes holding Promise Ranch Therapeutic Riding (and affiliates listed above) not liable for any injury whatsoever caused to me, and/or any loss or damage to personal property.

Warning: Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119 Colorado Revised Statutes.

I grant Promise Ranch Therapeutic Riding, its employees and/or contractors permission to seek medical attention if I am injured and not able to take charge of my own medical treatment.

Volunteer Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Emergency Contact: _____ Relationship; _____

Phone (H) _____ Phone (C) _____ Other _____

Promise Ranch Therapeutic Riding

Photo Release Form:

I hereby consent to and authorize the use and reproduction by Promise Ranch Therapeutic Riding and the Professional Association of Therapeutic Horsemanship International of any and all photographs or other audio/visual media taken of me/my son/daughter/my ward for promotional printed materials, educational activities, PRTR or PATH Intl.'s website, exhibitions or for any other use for the benefit of Promise Ranch Therapeutic Riding, PATH Intl and equine assisted activities.

Signature _____ Date _____

Parent/Guardian Signature: _____ Date _____

Privacy Policy

I understand that I am volunteering with an organization whose clients may be special needs medically, physically, emotionally, and/or cognitively. I understand that I may be given sensitive information pertaining to students' medical, behavioral, educational, or other histories or circumstances in order to help effectively facilitate learning and provide a safe environment. I agree to keep any sensitive information confidential and not to share this information with other parties.

Signature _____ Date _____

Parent/Guardian Signature: _____ Date _____

Cancellation Policy:

I understand that volunteers are a vital role to the implementation and success of the Promise Ranch Therapeutic Riding program. I am committed to attending the lessons I have agreed to help with on a one-time or regular basis. I will give both my supervising instructor AND the Volunteer Coordinator notice AS SOON AS POSSIBLE if I am unable to attend my scheduled volunteer time in order to allow them to find a replacement volunteer.

Signature _____ Date _____