

HorseNet Horse Rescue

A 501(c)3 Non Profit Horse Rescue Organization
P.O. Box 358
Mount Airy, MD 21771
info@horsenethorserescue.org | www.horsenethorserescue.org

Volunteer Liability Release Form

Volunteer's Name: _____

Mailing Address: _____

City: _____	State: _____	Zip: _____	Age: _____
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Home Phone: _____	Work Phone: _____
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Email: _____	Cell/Pager: _____
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The undersigned volunteer, in consideration of participating in any and all horse related activities, hereby forever releases and discharges HorseNet Horse Rescue [HorseNet, Inc.] (HorseNet) its officers, directors, agents, volunteers, advisors and/or representatives in any location where horse related activities are conducted or horses and/or property are used from any and all claims, rights, demands, actions, causes of action, expenses and damages of any kind which he or she may ever have, whether known or unknown. The undersigned further understands the risk involved in participating in volunteer activities to include serious injury or death and fully assumes said risk for any injury, loss or damage of any kind resulting from such associated activities.

It is further understood that all volunteers should maintain a policy of insurance covering medical treatment and all related costs in the event of an injury as a result of participating in any and all HorseNet activities and that should said volunteer choose not to maintain a policy of insurance that they are liable for medical treatment and all related costs in the event of an injury as a result of participating in any and all HorseNet activities. Volunteers hereby agree to assume all expenses, medical, liability, or otherwise, arising out of any injury to them while participating in any horse related activity or event either at HorseNet or at a satellite location, and understands that HorseNet does not provide health, accident, or liability insurance to participants in horse related activities.

I acknowledge that I must treat the horses and fellow volunteers with respect and dignity and under no circumstances will any form of abuse physical, verbal or otherwise be tolerated against any animal and person, and should said references events occur I will asked to leave and will no longer be eligible to participate in any HorseNet volunteer activities.

The person executing this release acknowledges that there is a valid consideration to executing this release. The invalidity of any statement or waiver of rights above under local, state or f federal law does not invalidate any other statement or waiver of rights above and have read, fully understand and voluntarily agree to this release and that no oral representatives, statements or inducements apart from this Release have been made to me.

In the event of an emergency contact:

Name: _____ Relation: _____ Phone: _____

Medical Consent to Treat / Medical Consent to NOT Treat

In the event that emergency medical aid/treatment is required by me for illness or injury while on any HorseNet property or participating in any HorseNet related activity ____ I DO | ____ I DO NOT authorize HorseNet to secure and obtain medical treatment and/or transportation if needed. (This authorization includes any treatment / procedure deemed "life saving" by a physician, hospital or other medical facility. This provision will only be invoked if the emergency contacts listed above cannot be reached and HorseNet must act on my behalf.)

Volunteer Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

I, as parent or guardian, of the above applicant represent to HorseNet, Inc. that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in any equine related activity, and, further, in consideration of allowing my child or ward to participate in such activities, agree individually and on behalf of my child or ward, to the terms of the above foregoing release, waiver and indemnity agreement.