



VOLUNTEER APPLICATION

Name _____ Date _____

Date of Birth _____ *(must be 14 years of age to submit application - no exceptions)*

Address _____
Street # / PO Box City State Zip

Home Phone _____ Cell Phone _____

Email Address _____

Best Way and Time to Reach You _____

How did you learn about 13 Hands? (e.g. word-of-mouth, flyer, friend, newspaper, Internet, etc.) _____

Previous Horse Experience

Tell us about your experience(s) with horses: _____

Do you have any special skills/talents that you would be interested in sharing with 13 Hands on a volunteer basis? (e.g. photography, grant writing, fundraising/special events) _____

What interests you about becoming a volunteer at 13 Hands? _____

Do you have any health issues, diagnoses or physical limitations 13 Hands should be aware of? _____

Background Information

Have you ever been charged with or convicted of a crime? Yes _____ No _____

If yes, please explain _____



13 HANDS
EQUINE RESCUE INC.

VOLUNTEER ASSUMPTION OF RISKS & LIABILITY RELEASE AGREEMENT

Inherent Risk/Assumption of Risks. I acknowledge that: Risks, conditions and dangers are inherent in (meaning an integral part of) horse/equine/animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: the propensity of an animal to behave in ways that may result in injury, harm, death or loss to persons on or around the animal; the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals; hazards, including but not limited to, surface or subsurface conditions, a collision, encounter and/or confrontation with another equine, another animal, a person or an object; the potential of an equine activity participant to act in a negligent manner that may contribute to injury, harm, death, or loss to the participant or to other persons, including but not limited to, failing to maintain control over an equine and or failing to act within the ability of the participant. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to, stopping short; spinning around; changing directions and/or speed at will; shifting its weight; bucking; rearing; kicking; biting; and or running from danger. I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on 13 Hands Equine Rescue, Inc. to list all possible risks for me.

Liability Release. I agree that: in consideration of allowing my participation in the activities of 13 Hands Equine Rescue, Inc., I, the Volunteer, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge 13 Hands Equine Rescue, Inc., its employees, agents, independent contractors, officers, directors, representatives, assigns, members, and insurers, and others acting on their behalf, of and from all claims, demands, legal actions and causes of action, against 13 Hands Equine Rescue, Inc., and its employees, agents, independent contractors, officers, directors, representatives, assigns, members, and insurers, for any damages due to bodily injury and/or death and/or property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations herein, including, but not limited to, riding, driving, handling or otherwise being near or around horses owned, leased or boarded by 13 Hands Equine Rescue, Inc.

I represent that I have read this entire agreement and in particular the sections labeled **Inherent Risk/Assumption of Risks and Liability Release.**

Name _____ Date _____

_____ Email _____

Signature (Signature of Parent/Guardian if Volunteer is under 18 years of age)

Date of Birth _____ Home Phone _____ Cell Phone _____

Address _____
Street # / PO Box City State Zip

Emergency Contact _____ Relation _____ Phone _____



VOLUNTEER EMERGENCY MEDIAL TREATMENT AUTHORIZATION FORM

Date _____

Name _____ DOB _____

Address _____
Street # / PO Box City State Zip

Home Phone _____ Cell Phone _____ Email _____

Physician's Name _____ Medical Facility _____

Allergies to Medications _____

Current Medications _____

In The Event of an Emergency, contact:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

In the event that emergency medical aid/treatment is required due to illness or injury during farm activities, or while on the property of the agency, I authorize 13 Hands Equine Rescue, Inc. to:

1. Secure and maintain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan

This authorization includes x-rays, surgery, hospitalization, medical and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature _____ Date _____



**13 HANDS EQUINE RESCUE, INC.
EQUINE ASSISTED THERAPY PROGRAM
CONFIDENTIALITY AGREEMENT**

Policy of Confidentiality is defined as "told in secret or private relations; trusted." Any information in regards to the participants (clients) of 13 Hands Equine Rescue Inc.'s Equine Assisted Therapy Program must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our program. In failure to abide by this policy, the quality of the services we provide may diminish and result in legal ramifications.

I understand that all information (written and verbal) about participants of 13 Hands Equine Rescue, Inc.'s Equine Assisted Therapy Program is confidential and will not be shared with anyone without the express written consent of the participant and his/her parent/guardian in the case of a minor.

Name _____

Date _____

Signature (Signature of Parent/Guardian if Volunteer is under 18 years of age)



VOLUNTEER PHOTO RELEASE

I, _____
(Volunteer if over 18; or Legal Guardian)

consent to and authorize the use and reproduction of 13 Hands Equine Rescue Inc., and its representatives of any and all photographs and any other audiovisual materials taken of me and/or my child for promotional material, educational activities, exhibitions or any other use for the benefit of 13 Hands Equine Rescue Inc., including use on 13 Hands ER's website, Facebook and Instagram accounts.

Name _____

Date _____

Signature (Signature of Parent/Guardian if Volunteer is under 18 years of age)