|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | **GEORGIAN RIDING ASSOCIATION for CHALLENGED EQUESTRIANS VOLUNTEER REGISTRATION** | | |
| **DATE:**  **NAME:**  **ADDRESS: Phone #:** |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **Email:** |  |

**Emergency Contact: Relation:**

**Phone #:(HM) (WK)**

**Availability: Evenings MON TUES WED THURS (driving)**

**(please circle all that apply)**

**Volunteer Interest: 0 Classes (leading, side-walking, tack up) El Fundraising ( barn dance, ride-a-thon etc)**

**(Please check all that apply)**

**El Board/Committee Member (Communications, Grants,**

**Policies & Procedures)**

**What is your experience with: HORSES:**

**DISABLED PERSONS:**

**Volunteer Release Form**

**The undersigned, hereby acknowledge that they are voluntarily participating in the Georgian Riding Association for Challenged Equestrians, herein known as (GRACE), program and the activities connected therewith at the undersigned's request and sole risk. The undersigned hereby exonerates GRACE, its officers, trustees, agents, employees, representatives, and successors and releases them from all responsibility for any injury or claim which may arise as a result of the participation of the undersigned in the program and activities offered by GRACE.**

|  |  |  |
| --- | --- | --- |
| **Dated on the day of** |  | **20 .** |
|  |  |

**Participants Name (please print) Witness Name (please print)**

**Participation Signature Witness Signature**

**(Guardian if under age 18)**

|  |  |
| --- | --- |
|  | **Please Read Carefully  Confidentiality Agreement** |
|  |

**The undersigned volunteer for GRACE acknowledges and understands that al information about GRACE riders and their families is confidential. The undersigned further agrees not to divulge such information to anyone outside of the GRACE organization or to discuss such information with anyone other than the GRACE Instructor, Assistant Instructor or Program Officials.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dated this** |  | **day of ,20** |  |
|  |  |  |

**Participant Signature**

**Photo Release Form**

**(Don't sign if not wishing to have photo taken for TV or newspaper articles)**

**For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to the Georgian Riding Association for Challenged Equestrians, herein known as (GRACE), permission to take or to have taken still pictures, moving photographs, and film (including television pictures) of our son/daughter/ward. Furthermore, the undersigned consents and authorizes GRACE, its advertising agency, news media, and any other persons interested in GRACE and its works to use or reproduce the photographs, films, and pictures to circulate and publicize the same by means including and without limiting the media, brochures, pamphlets, instructional materials, books, and clinical materials.**

**With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of GRACE, to use or be used such as photographs, films, and pictures for the primary purpose of promoting and aiding GRACE and its work.**

|  |  |  |
| --- | --- | --- |
| **Dated on the day of** |  | **, 20 .** |
|  |

**Participants Name (please print) Witness Name (please print)**

**Participation Signature Witness Signature**

**(Guardian if under age 18)**

**Indemnity Agreement**

**I request permission for myself/my child to participate in horseback riding and other equestrian-related activities organized and operated by the Georgian Riding Association for Challenged Equestrians. I fully understand that horseback riding, handling and grooming of horses and other stable activities can be dangerous. I wish to participate or allow my child to participate in the full knowledge that the activities can be dangerous. I accept and assume all risks of injury (including death) to me/my child or my property.**

**In exchange for myself/my child being permitted to participate in these activities, for myself and my child, my heirs, guardians and legal representatives, I release and agree not to make or bring any claim of any kind against the Georgian Riding Association for Challenged Equestrians, its board members, officials, volunteers, employees and or representatives for any injury (including death) to myself/my child or any damage to my property arising out of my child's participation in horseback riding or related activities.**

**Dated at Georgian Bluffs, Ontario this day of , 20**

**Signature: Witness: Please Print:**