

RENAISSANCE EQUESTRIAN FOUNDATION (REF)

4206 Brown Rd
Taneytown, MD 21787
Phone: 443-324-6128

www.refottb.org

Volunteer Participant Release

MUST CONTAIN ORIGINAL SIGNATURES

This form must be completed and submitted for every participant at Renaissance Equestrian Foundation (REF) before engaging in ANY REF related activity. It is the participant's responsibility to ensure that all information is complete and accurate, and to notify REF in the event of any changes.

CONTACT INFORMATION: PLEASE PRINT

Participant's Name _____ Birth Date: _____

Address: _____

City/State/Zip: _____

Home/Work Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Legal Guardian (for participants* under 18): _____

Relationship: _____

Address: _____ City/State/Zip: _____

Home/Work Phone: _____ Cell Phone: _____

EMERGENCY INFORMATION

Please notify the following individual(s) immediately in the event of a medical emergency:

Name: _____ Relationship: _____

Home/Work Phone: _____ Cell Phone: _____

Other Emergency Contact: _____ Relationship: _____

Home/Work Phone: _____ Cell Phone: _____

Do you have any health condition that could affect your ability to volunteer safely at REF?

Yes No **If yes, please discuss with the volunteer coordinator.**

Signature (participant* or parent/guardian if under 18) _____ **Date:** _____

PLEASE READ CAREFULLY AND INITIAL BESIDE EACH STATEMENT BELOW

____/____ I understand that horses are independent living beings and can be unpredictable.

____/____ I understand that there are always elements of risk in equestrian activities,
including permanent disability or death, that common sense and personal awareness
can help reduce.

____/____ **I am aware that at all times when on Renaissance Farm, it is MY
RESPONSIBILITY to:**

1. Be alert and respectful of horses' intentions signaled with their ears and eyes and carried out with their teeth and hooves.
2. Speak in a reassuring tone when approaching a horse or horses and avoid sudden movements or noises.
3. Never leave horses unattended with their stall door open, in stable aisles, while they are tied.
4. Always lead horses properly with a lead rope.
5. Always wear appropriate clothing, including durable shoes.
6. Put away tack and equipment after using.
7. Know locations of emergency telephones, ambulance and veterinarians' phone numbers, and farm staff.
8. Never be intoxicated in the stable or allow others to be so.
9. Read and obey all posted information and warnings.
10. Comply promptly with all verbal directions of REF staff and instructors, unless I believe that by doing so I will endanger myself, other people or horses, in which case, I will immediately express my opinion to the person involved.
11. Refrain from acting in any manner which may cause or contribute to my injury or the injury of other people or horses.

____/____ I am aware that cameras are installed at REF as a measure of security and safety for the horses, people and property _____. I understand that this is only a partial list, and I must be safety conscious and exercise sound judgment AT ALL TIMES.

Signature: _____ **Date:** _____
(participant* or parent/guardian if under 18)

MUST CONTAIN ORIGINAL SIGNATURE BEFORE HANDLING ANY HORSE

I hereby acknowledge and assume the risk of participating in any and all horse related activities at REF or in any and all locations where REF activities take place. I do hereby, waive, release and forever discharge, and indemnify and hold harmless REF, its officers, staff members, volunteers, instructors, advisors and/or agents from any and all claims, suits, actions, damages, losses, liability, cost and expenses (including attorney fees and court costs), of any kind or nature whatsoever, incurred for injuries and/or damages to person and/or property. I understand that participation in activities at REF are potentially hazardous and can result in serious injury and I am voluntarily allowing the participant participation in the programs. I release them from responsibility for accidental physical injury, including death or illness and loss of personal property while at REF.

I agree to remain fully liable and responsible for any such hospital, doctor, ambulance, dental or medical fees in the event of an injury to me as a result of my participating in any and all activities involving REF. I understand that **REF does NOT provide health, accident or liability insurance to participants.**

I acknowledge that there is a valid consideration to executing this release. The invalidity of any statement or waiver of rights above under local, state or federal law does not invalidate any other statement or waiver of rights above.

Signature: _____ **Date:** _____
(participant* or parent/guardian if under 18)

PHOTO RELEASE

I DO DO NOT (check one)

consent to and authorize the use and reproduction by Renaissance Equestrian Foundation. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of REF.

Signature _____ **Date:** _____
(participant* or parent/guardian if under 18)

OPTIONAL: AUTHORIZATION FOR TREATMENT

The undersigned participant*, _____, and parents or legal guardian of a minor participant*, authorizes members of REF as agent(s), to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician, licensed emergency medical technician or surgeon, whether on REF property, in a remote location, in an office or in a licensed hospital. This authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as the health care giver may deem advisable. This Authorization shall remain effective indefinitely unless revoked in writing.

Signature: _____ **Date:** _____
(participant* or parent/guardian if under 18)

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Health Insurance Carrier: _____

Policy Number: _____

Health Insurance Carrier: _____

Policy Number: _____

Phone Number: _____

Family Physician: _____

Address: _____

Please print out and answer ALL questions, **save it with your name example:**

Bob_Smith_Volunteer_Participant_Form and email it to: stacieref@gmail.com