

Unicorn Therapeutic Horseback Riding
Volunteer Information Form

Name: _____

Date of Birth: _____

Phone- (C) _____ (h) _____

Email: _____ Address: _____

PARENT/Guardian Name, address and Phone (If applicable) _____

If student, name of school: _____

How did you learn of Unicorn: _____

PHOTO RELEASE

I consent to and authorize the use and reproduction by Unicorn 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 the program.

Date: _____ Signature: _____

VOLUNTEER LIABILITY RELEASE

As a volunteer of Unicorn, I acknowledge the risks and potential for risks of a therapeutic horseback riding program. However, I feel the possible benefits to me and to the horses I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Unicorn, its board of directors, employees, volunteers and Erin and Thomas Hurley for any and all injuries and losses I sustain while working at Unicorn Therapeutic Riding Program.

Date: _____ Signature: _____