

Volunteer Emergency Authorization, Assumption Of Risks & Liability Release Agreement
Ironstone Farm; Challenge Unlimited, Inc.; & Ironstone Therapy, Inc.

Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: ____ Zip: _____

CONTACT INFORMATION:

Email Address: _____

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____ or n/a

Occupation & Place of Business; or School (Name & Location); or Not Applicable:

EMERGENCY CONTACT INFORMATION:

Name: _____ Relation: _____ Phone #: () _____
Phone #: () _____

Name: _____ Relation: _____ Phone #: () _____
Phone #: () _____

IF VOLUNTEER IS UNDER 18 YEARS OF AGE (please complete if different from above):

Name of parent(s)/guardian(s): _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell: () _____

PLEASE READ THE FOLLOWING THREE PARAGRAPHS CAREFULLY

Inherent Risk / Assumption of Risks. I/We 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/We also acknowledge that these are just some of the risks and I/We agree to assume others not mentioned above. I/We am (are) not relying on Challenge Unlimited, Inc., Ironstone Therapy, Inc. and/or Ironstone Farm to list all possible risks for me.**

Liability Release. I/We agree that: in consideration of allowing my participation in the activities of Challenge Unlimited, Ironstone Therapy and/or Ironstone Farm, I, the student, client or 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 Challenge Unlimited, Inc., Ironstone Therapy, Inc. and Ironstone Farm, its employees, agents, independent contractors, officers, directors, representatives, assigns, members, and insurers, and others acting on their behalf, of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to ordinary negligence or legal liability; and I do agree to release any claims, demands, legal actions and causes of action, against Challenge Unlimited, Inc., Ironstone

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Therapy, Inc. or Ironstone Farm, 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, training, handling or otherwise being near or around horses owned, leased or boarded by Challenge Unlimited, Inc., Ironstone Therapy, Inc., or Ironstone Farm.

WARNING

Under Massachusetts law, an equine professional is not liable for injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 2D of Chapter 128 of the Massachusetts General Laws.

Policy of Confidentiality: Confidentiality is defined as “told in secret or private relations; trusted.” Any information in regards to the participants (clients) of Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm 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 facility. In failure to abide by this policy, the quality of the services we provide may diminish and result in legal ramifications.

➡ _____ I understand and agree to the above.

SORI/CORI: If determined to be necessary the administration staff at Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm reserves the right to perform a SORI (sexual offender register inquiry) and/or CORI (criminal offender register inquiry) check on all volunteers.

Photo Release: I hereby consent to and authorize the use and reproduction by Challenge Unlimited, Inc., Ironstone Therapy, Inc., and/or Ironstone Farm of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program. ➡ Opt out: No, I do not consent. _____

Important : All Volunteers /Parent or Guardian Must Complete: Volunteers groom and tack horses in preparation for a session, and then lead horses during a therapy /riding session (controlling the horse at all times) or act as a side walker for mounted participants (physically supporting the rider or acting as a spotter). Do you (volunteer) have any conditions that may prohibit you from fully carrying out these important responsibilities? ___ Yes ___ No. If Yes, please describe:

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

➡ _____
(Signature of Volunteer)

Date: ____/____/____

➡ _____
(Signature of Parent/Guardian if Volunteer is under 18 yrs of age)

Date: ____/____/____

For Office Use Only:

Start Date: _____