

VOLUNTEER REGISTRATION  
(Please print in blue/black ink)



## VOLUNTEER CHECKLIST

***\*\*This form is to be signed and returned with all paperwork\*\****

\_\_\_\_ Volunteer/Staff General Information Form and Volunteer Interest Form – to be completed front and back and signed by Volunteer and Volunteer’s Parent/Guardian.

\_\_\_\_ HEARTLAND HORSE HEROES Health Information/Background - To be completed and signed by Volunteer and Volunteer’s Parent/Guardian if under 18 years.

\_\_\_\_ Authorization for Emergency Medical Treatment – To be completed and signed by Volunteer and Volunteer’s Parent/Guardian.

\_\_\_\_ HEARTLAND HORSE HEROES Liability Release & Confidentiality Policy – To be completed and signed by Volunteer and Volunteer’s Parent/Guardian.

\_\_\_\_ I have read and understand the policies that are established for HEARTLAND HORSE HEROES. I am to keep the policies and refer to them as needed. I will contact the Head Instructor or Volunteer Coordinator should I have any questions regarding the policies stated. I will be notified in writing if any changes are made to the current policies.

I understand that all of the above information must be completed in full and returned to HEARTLAND HORSE HEROES before I can participate.

Volunteer’s Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Must be 18 or older or parent/guardian must sign) (Date)

Print Name as shown above: \_\_\_\_\_

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**\*\* GENERAL INFORMATION\*\***

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell)  
Email Address: \_\_\_\_\_  
Employer/School: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Caregiver Name and Telephone \_\_\_\_\_  
Emergency Contact Name/Telephone \_\_\_\_\_

Are you new to volunteering this year? \_\_\_\_\_ If no, list the year you began: \_\_\_\_\_  
How did you learn about Heartland Horse Heroes?  Newspaper  Television  Friend  
 Website  Other

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**\*\*VOLUNTEER INTEREST\*\***

Please let us know which area(s) you are interested in volunteering in:

- |   |  |
|---|--|
| <input type="checkbox"/> Stable Assistant   | <input type="checkbox"/> Special Events        |
| <input type="checkbox"/> Facility Assistant | <input type="checkbox"/> Office Help           |
| <input type="checkbox"/> Lesson             | <input type="checkbox"/> Other: Explain: _____ |

List any special interest/talents/skills you would like to contribute to our program.  
(Example: Sign Language): \_\_\_\_\_

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Does your employer/school give time off to volunteer?

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Does your company or place of employment have a matching gift program? \_\_\_\_\_  
Would you be willing to present information to your company/place of employment  
about our program? \_\_\_\_\_



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**\*\*HEALTH INFORMATION\*\***

Please describe any medical conditions you may have regarding the physical and/or emotional demands of working with equine assisted activities where volunteer activities may include walking for extended periods of time, jogging short distances, working in humid/hot/cold conditions throughout the year, working with clients that may have mild to severe mental and/or physical issues, working with large animals. \_\_\_\_\_

**\*\*BACKGROUND INFORMATION\*\***

Have you ever been charged with or convicted of a crime?  Yes  No. If yes, please explain:

I, \_\_\_\_\_, authorize **HEARTLAND HORSE HEROES** to receive information from any law enforcement agency, including, but not limited to, police departments and sheriff's departments of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including, but not limited to, convictions for crimes committed upon children.

In respect to **HEARTLAND HORSE HEROES'** Confidentiality Policy, I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly **DO NOT** authorize **HEARTLAND HORSE HEROES**, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

X \_\_\_\_\_  
Volunteer signature Date

X \_\_\_\_\_  
Parent/Guardian signature Date  
(If volunteer is under 18)



**\*MEDICAL TREATMENT AUTHORIZATION\***

In the event emergency medical treatment is required due to illness and/or injury during the course of volunteering with the **HEARTLAND HORSE HEROES**, either on said program site or assisting with an off-site activity and/or competition, I, \_\_\_\_\_, hereby authorize **HEARTLAND HORSE HEROES** and/or its representatives to:

1. Obtain medical treatment and/or transport to the nearest medical facility if needed.
2. Release all relevant records upon request to the authorized agency and/or its representatives involved in the medical emergency treatment.

Volunteer's name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ DOB: \_\_\_\_\_

**IN THE EVENT THAT I AM UNCONCIOUS AND UNABLE TO ACT FOR MYSELF, PLEASE CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Medical Facility: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Telephone: \_\_\_\_\_

**In an effort to provide the best care possible, please indicate below if any of the following apply:**

- I am allergic to the following: \_\_\_\_\_
- I have the following ongoing medical condition(s): \_\_\_\_\_
- I have been treated recently for the following physical/mental condition: \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
Volunteer Signature (If volunteer is under 18) Parent/Guardian Signature

**\*\* NON-CONSENT FOR MEDICAL TREATMENT \*\***

I, \_\_\_\_\_, hereby **Do Not** give my consent for emergency medical treatment in the case of illness/injury during the course of volunteering or while on the premises of the **HEARTLAND HORSE HEROES**, or assisting with an off-site activity and/or competition, and fully release said program and/or its representatives for any injuries/losses I may incur as a result of this non-consent. In the event emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
Volunteer signature (If volunteer is under 18) Parent/Guardian signature



**EQUINE ACTIVITY LIABILITY RELEASE, WAIVER OF  
RIGHT TO SUE AND ASSUMPTION OF ALL RISKS**

This Equine Activity Liability Release, Waiver of Right to Sue and Assumption of all Risks Agreement ("this Agreement") is hereby given by the undersigned to Sprouse's Corner Ranch, LLC, LaRue Sprouse Dowd, and Heartland Horse Heroes, as an equine activity sponsor and/or an equine activity professional (the "sponsor/professional") and/or as an owner of land upon which an equine activity to which the Agreement relates is conducted and each partner, officer, agent, employee, director, shareholder, member heir, personal representative, successor and assign of the sponsor/professional and of each owner.

In consideration for the opportunities provided by the sponsor/professional and each owner to the undersigned "participant" (including any minor participants for whom he signs this Agreement) for the enjoyment of equine activities as a participant, the undersigned "participant" (including any minor participant for whom he/she signs this Agreement) hereby agrees as follows:

1. This Agreement is given under the Virginia Equine Activity Liability Act (Code of Virginia 3.1-796.130 et seq.) as it may now provide or be hereafter amended (the "Act"). All terms defined by the Act shall have the same meaning herein, and the Act is hereby incorporated in this Agreement by reference. This Agreement shall be so construed as to provide to the sponsor/professional and/or owner the fullest protection of a release, waiver of right to sue and assumption of all risks which is afforded to the sponsor/professional and owner by the Act.
2. All pronouns shall be construed to include the masculine, feminine or neuter as well as the plural or singular, as may be appropriate to facilitate the construction of this Agreement in the light of the facts presented.
3. The participant hereby acknowledges that he/she has full and complete notice and understanding of the Act and of all the risks inherent in equine activities which may cause, contribute to or result in the death or personal injury of the participant or damage to the participant's property (the "Risks"), including, but not limited to: (i) the propensity of an equine to behave in dangerous ways or to trip and/or fall; (ii) the ability of anyone whomsoever to predict or foresee an equine's reaction to excitement, weather conditions, sound, movements, objects, persons, animals, reptiles, birds or insects, and the effects of such reactions; (iii) the hazards of surface or subsurface conditions, including but not limited to objects or conditions on, under or protruding from the surface, both latent and patent; (iv) the hazards which rocks, cliffs, hills, fences, trees, stumps, logs, bridges, ditches and other debris and obstacles, and any equine activity in connection therewith, may foreseeably or unforeseeably present; (v) the dangers and risks of tack or harness slipping or breaking for whatever reason; (vi) the dangers and risks of becoming entangled in tack, harness, or vehicles used in an equine activity, (vii) the risks of falling from or otherwise becoming unstable on an equine or a vehicle used in an equine activity for any reason whatsoever or for no identifiable reason and (viii) any negligent act or omission by the sponsor/professional or any owner which causes or results in the death or personal injury of the participant or damage to the participant's property (ix) and any dangers involved in catching, leading, or taking care of the horse.
4. The participant hereby RELEASES and WAIVES all rights which he/she may have or hereafter have against the sponsor/professional and each owner for death, personal injury or property damage which is in any way associated with the Risks; he/she does hereby WAIVE his/her right to sue or to bring any action against the sponsor/professional or any owner in connection therewith; he/she agrees to INDEMNIFY and DEFEND the sponsor/professional and each owner from and to HOLD the sponsor/professional and each owner HARMLESS against any such suit or action, and he/she hereby expressly ASSUMES ALL RISKS AND DANGERS of death, personal injury and property damage which are in any way associated with the Risks enumerated in paragraph 3, above.

5. The participant hereby authorizes and consents to any emergency medical care which may at the time appear reasonably appropriate under the circumstances as a result of injury or sickness caused by or incurred in the course of an equine activity.

6. The Agreement shall remain valid and in full force and effect from and after the date opposite the signature of the participant until expressly revoked by the participant in a written notice personally delivered to the sponsor/professional and/or owner.

7. To the extent possible, this Agreement shall be construed in such manner as will render it, and each provision of it, fully enforceable; but if any provision of this Agreement shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Agreement shall continue in full force and effect.

8. If this Agreement is executed by the undersigned participant for and on behalf of a minor participant named below, the undersigned participant hereby warrants and represents that he/she is in fact the legal parent or guardian of such minor, with full rights of custody and control; that this Agreement is given on behalf of and is intended to be binding upon said minor participant, his heirs, personal representatives, successors and assigns; and the undersigned participant further agrees that this Agreement shall also be as fully binding on the undersigned participant as if it were entered into solely on his own behalf.

9. This Agreement shall be binding upon the heirs, personal representatives, successors and assigns of the participants.

10. I HAVE FULLY READ AND FULLY UNDERSTAND THE FOREGOING EQUINE LIABILITY RELEASE WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS. I HAVE CONSULTED AND RELIED UPON MY OWN ADVISORS ON ALL QUESTIONS IN CONNECTION THEREWITH, AND I HAVE NOT RELIED UPON THE SPONSOR/PROFESSIONAL OR ANY OWNER FOR ANY ADVICE OR EXPLANATION IN CONNECTION THEREWITH.

**BY SIGNING THIS WAIVER AND RELEASE I UNDERSTAND THAT I AM GIVING UP, WAIVING AND RELEASING ANY RIGHT THAT I MAY HAVE TO SUE OR MAKE A CLAIM WHICH I MIGHT HAVE OR WHICH MIGHT SUBSEQUENTLY ARISE OR OCCUR AGAINST THE SPONSOR/PROFESSIONAL AND OWNER FOR ANY INJURIES I MIGHT SUSTAIN WHILE HORSEBACK RIDING OR PARTICIPATING IN AN EQUINE ACTIVITY, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS THE SPONSOR/PROFESSIONAL AND OWNER FOR INJURING ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE SO ENGAGED, IT IS MY INTENT TO GIVE UP THOSE RIGHTS AND PROVIDE THE HOLD HARMLESS AGREEMENT, AND I DO SO KNOWINGLY AND VOLUNTARILY.**

Date \_\_\_\_\_

Rider's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Participant Signature (if over 18) \_\_\_\_\_

Parent/Guardian Signature (under age 18) \_\_\_\_\_.