



**Horses Unlimited, Inc.**  
P.O. Box 30194  
Cromberg, CA. 96103  
(530) 836-4551  
HorsesUnlimited.Inc@gmail.com

*A Charitable Organization  
Providing Therapeutic  
Horseback Riding For  
People With Special Needs*

## Volunteer Information Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Parent/Guardian Name and Address (if applicable) \_\_\_\_\_  
\_\_\_\_\_  
If student, name of school \_\_\_\_\_ City/state \_\_\_\_\_  
How did you learn about Horses Unlimited, Inc.? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Check which area you are interested in:

#### PROGRAM VOLUNTEER

- ☐ Leading a horse
- ☐ Side walking with a student
- ☐ Stable management
- ☐ Arena cleanup
- ☐ Phone Calling

#### COMPETITION

- ☐ Horse Show
- ☐ Away Horse Show
- ☐ Ride-A-Thon
- ☐ Special Olympics

#### ADMINISTRATION

- ☐ Public Relations
- ☐ Fund Raising
- ☐ Newsletter
- ☐ Volunteer Recruitment
- ☐ Photography/Video
- ☐ Budget and Finance
- ☐ Future Planning

### Photo Release

I consent to and authorize the use and the reproduction by Horses Unlimited, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Date: \_\_\_\_\_ Signature (Volunteer) \_\_\_\_\_

Date: \_\_\_\_\_ Signature (Parent/Guardian) \_\_\_\_\_

### Photo Non-Consent Plan

I do not consent to and authorize the use and/or reproduction by Horses Unlimited, Inc. of any and all photos and any other audio-video materials taken of me for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Date: \_\_\_\_\_ Signature (Volunteer) \_\_\_\_\_

Date: \_\_\_\_\_ Signature (Parent/Guardian) \_\_\_\_\_

### Volunteer Liability Release

As a volunteer at Horses Unlimited, Inc., I acknowledge the risk and potential for risk of a horseback riding program. However, I feel that the possible benefits to myself and the clients 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 damage against Horses Unlimited, Inc., its board of directors, instructors, therapists, volunteers and/ or employees for any and all injuries and /or losses I may sustain while participating in Horses Unlimited, Inc.

Date: \_\_\_\_\_ Signature (Volunteer) \_\_\_\_\_

Date: \_\_\_\_\_ Signature (Parent/Guardian) \_\_\_\_\_