



Horses Unlimited, Inc.
 PO Box 30194 Cromberg, CA 96103
 therapy@horsesui.org
 530-280-1565
 horsesUI.org

A charitable organization providing therapeutic horseback riding for people with disabilities

Volunteer Information Form

Name _____ DOB _____ Phone _____
 Address _____ City _____ State _____ ZIP _____
 Work Address _____ City _____ State _____ ZIP _____
 Email _____
 Parent/Guardian Name and Address (if applicant is under 18): _____

If student, name of school _____ City/State _____
 How did you learn about Horses Unlimited, Inc.? _____

Check which you areas you are interested in:

Program Volunteer

- Leading a horse
- Sidewalking with a student
- Stable management
- Arena cleanup
- Making phone calls

Administration

- Public relations
- Fundraising
- Newsletter
- Volunteer recruitment
- Photography/Videography
- Budget and Finance
- Future planning

1) Photo Release

I consent to and authorize the use and 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.

Signature (Volunteer) _____ Date _____
 Signature (Parent/Guardian) _____ Date _____

OR

2) 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-visual materials taken of me for promotional printed material educational activities, exhibitions, or for any other use for the benefit of the program

Signature (Volunteer) _____ Date _____
 Signature (Parent/Guardian) _____ Date _____

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.

Signature (Volunteer) _____ Date _____
 Signature (Parent/Guardian) _____ Date _____