



Volunteer's Registration and Release Form

(Please Print)

Volunteer Name: _____

Date Of Birth: _____ Age: _____

Phone: _____

Work Phone: _____ Emergency Phone: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Address/Phone: _____

School/Institution currently attending: _____

In Case Of Emergency Contact: _____

Contact: _____

Liability Release

_____ (Volunteer's Name) would like to participate in The Riding Centre's Program. I acknowledge the risks and the potential for risks of working around horses and horseback riding. I acknowledge the risks and the potential for risks of communicable illness, such as COVID-19, from being at The Riding Centre. I feel that the possible benefits to myself/ my son / my daughter/ my ward are greater than the assumed risk. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release all claims for damages against The Riding Centre, its board of trustees, instructors, therapists, aides, other volunteers and/or employees, and Glen Helen Association for any and all injuries, communicable illnesses, and/or losses that I / my son / my daughter/ my ward may sustain while participating at The Riding Centre.

Date: _____ Signature: _____

(Volunteer / Parent / Guardian)

Photo Release

I hereby consent to and authorize the use of by The Riding Centre of any and all photographs and any other audiovisual materials taken of me / my son / my daughter / my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Date: _____ Signature: _____

(Volunteer / Parent / Guardian)

Under Ohio Law, an Equine Activity Sponsor or an Equine Professional is not liable for an injury to or the death of a participant in equine activities resulting from inherent risks of equine activities. (Ohio Revised Code 2305.321)