

EquiFriends

Volunteer Release Forms

Non-Profit 501 (c) (3) organization | Tax ID # 91-1455100

VOLUNTEER SIGN-UP SHEET

Legal Name: _____ Home Phone: _____

Nickname: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Workplace: _____ Work Phone: _____

Pager #: _____ Cell phone: _____ E-mail: _____

Notify In Case of Emergency: _____ Phone: _____

I am available: Days _____ Evenings _____ Weekends _____

I am available to substitute: Days _____ Evenings _____ Time _____

These are the areas that I am interested in:

_____ In Class Horse Leader or Sidewalker

_____ Office/Typing/Phones -- Answer
Phones & Messages on a regular basis

_____ Horse & Equipment Care

_____ Maintenance of Facility (Carpentry,
Repairs, Etc.)

_____ Weekend Stall Cleaner

_____ Fund Raiser Events

_____ Other Special Talents:

_____ Special Events

Photo Release Signature: _____

(For private/publicity/media purposes)

LIABILITY RELEASE AND HOLD HARMLESS

I, A VOLUNTEER, WISH TO PARTICIPATE IN EQUIFRIENDS TO BE HELD AT LES CHEVAUX FARM, SNOHOMISH, WA. I UNDERSTAND THIS MAY BE A HIGH RISK ACTIVITY AND I AM PARTICIPATING AT MY OWN RISK. I, INDIVIDUALLY, AND/OR PARENT OR GUARDIAN OF A VOLUNTEER, HEREBY RELEASE AND HOLD HARMLESS EQUIFRIENDS, AN ALL MEMBERS OF THE ORGANIZATION, EMPLOYEES, OFFICERS, AGENTS AND EMPLOYEES FROM ALL LIABILITY FOR ACCIDENTS, DAMAGE, DEATH, INJURY OR ILLNESS TO ME AND HORSE OWNERS, RIDERS AND ATTENDANTS SUFFERED DURING OR IN CONNECTION WITH MY VOLUNTEER WORK WITH EQUIFRIENDS.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Signature of Parent/Guardian If Under 18)

Return completed forms to
EquiFriends, PO Box 856, Snohomish, WA 98291

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Washington State Background Check Release

The Undersigned applicant acknowledges that Washington law requires employees and volunteers who have regularly scheduled unsupervised access to children under the age of 16 years, developmentally disabled persons, or vulnerable adults, to provide the following statement and to be subject to backgrounds checks concerning adjudication of certain civil and criminal matters identified in RCW 43.43.8340 - Background Checks - Access to Children or Vulnerable Persons - Definitions.

I acknowledge notice that EquiFriends may conduct an inquiry of me as permitted by statute.

Also, as required by statute, I am disclosing the extent to which there has been a civil adjudication or criminal conviction regarding the following matters:

A. Convicted of any crime against children or other persons: ☐ HAVE NOT ☐ HAVE BEEN

Explanation: _____

B. Convicted of crimes relating to financial exploitation of a vulnerable adult: ☐ HAVE NOT ☐ HAVE BEEN

Explanation: _____

C. Found to have sexually assaulted, exploited or physically abused a minor in a dependency action under RCW 13.34.040: ☐ HAVE NOT ☐ HAVE BEEN

Explanation: _____

D. Found to have sexually assaulted, exploited or physically abused a minor in a domestic relations proceedings, Title 26 RCW: ☐ HAVE NOT ☐ HAVE BEEN

E. Found in any disciplinary board final decision to have sexually abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult: ☐ HAVE NOT ☐ HAVE BEEN

Explanation: _____

F. Found in a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult: ☐ HAVE NOT ☐ HAVE BEEN

Explanation: _____

I HAVE COMPLETED THE VOLUNTEER ORIENTATION AND UNDERSTAND THAT CLASSES DEPEND UPON MY BEING THERE. SHOULD I NOT BE ABLE TO MAKE CLASS, I AGREE TO CALL 24 HOURS IN ADVANCE SO A SUBSTITUTE CAN BE ARRANGED (EXCEPT IN CASE OF EMERGENCY). I ALSO UNDERSTAND THAT EQUIFRIENDS IS NOT RESPONSIBLE FOR ACCIDENT OR INJURY TO MYSELF, OR ANY LOST OR STOLEN PROPERTY. EQUIFRIENDS RESERVES THE RIGHT TO ASK OR REMOVE ME FROM A PARTICULAR CLASS AND UTILIZE ME ELSEWHERE. I UNDERSTAND EQUIFRIENDS MAY INSTITUTE A WASHINGTON STATE PHYSICAL & CRIMINAL BACKGROUND CHECK AND RESERVES THE RIGHT TO TERMINATE MY VOLUNTEER SERVICE.

Social Security Number of Volunteer: _____ - _____ - _____

Signature of Volunteer: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(If Under 18)

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EMERGENCY MEDICAL RELEASE FORM

IF EMERGENCY MEDICAL CARE IS REQUIRED FOR _____ IN
CONJUNCTION WITH EQUIFRIENDS, AND IF THE NORMAL PERMISSION ISN'T AVAILABLE IN A TIMELY
MANNER, THE UNDERSIGNED AUTHORIZES EMERGENCY MEDICAL PERSONNEL TO PROVIDE
EMERGENCY MEDICAL CARE AND CONSENTS TO TREATMENT BY PHYSICIAN AND AT MEDICAL
FACILITIES.

Parent/Guardian: _____ Home Phone: _____

Address: _____ Work Phone: _____

If Not Available, Contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Participant Takes the Following Medications: _____

_____ For: _____

Allergies: _____

Participant's Date of Birth: _____ Age: _____

Medical Insurance Company: _____ Policy #: _____

Type of Insurance: _____

I HAVE READ THIS ENTIRE RELEASE AND AGREE TO IT

I KNOW BY DOING THIS, I RELINQUISH ALL CLAIMS I MAY HAVE AGAINST **EQUIFRIENDS**, ALL MEMBERS OF
ITS ORGANIZING COMMITTEE, THE COUNTY OF SNOHOMISH AND ITS OFFICIALS, AGENTS AND
EMPLOYEES.

Signature: _____ Date: _____

Signature of Parent/Guardian (If Under 18) _____

NON-CONSENT PLAN (Cross out following section if you do not sign it.)

I DO NOT GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT/AID IN THE CASE OF ILLNESS OR
INJURY DURING THE PROCESS OF VOLUNTEERING, RECEIVING SERVICES OR WHILE BEING ON THE
PROPERTY. IN THE EVENT EMERGENCY TREATMENT/AID IS REQUIRED, I WISH THE FOLLOWING
PROCEDURES TO TAKE PLACE:

Non-Consent Signature: _____ Date: _____

Volunteer, Parent or Guardian

Print Name: _____ Phone: _____

Address: _____

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LES CHAUX RELEASE FORM

Whereas, the undersigned acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury from using, riding, or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling.

In consideration, therefore, for the privilege of riding and/or working, around horses at Les Chevaux Farm, the undersigned does hereby agree to hold harmless and indemnify Les Chevaux Farm and/or Steve and Jennifer Gibson and further release them from any liability or responsibility for accident, damage, injury, or illness to the undersigned or any horse owned by the undersigned or to any family member or spectator accompanying the undersigned on the premises of Les Chevaux Farm.

Signature: _____

Print Name: _____

Date: _____