TRICK 'R TREAT TRAIL RIDE 2022

**SOUTHERN STARRS S**pecial **T**herapeutic **A**nd **R**ecreational **R**iding **S**tudents

4050 Cairo Bend Rd \* Lebanon, TN 37087 \* Phone (615) 453-2592

# VOLUNTEER REGISTRATION FORM

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: (*preferred contact*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian Name and Address (if under 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If student, name of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ I have horse experience**:** *(please give a brief summary of any experience you have had with horses)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_I don’t have horse experience. I will work a station to hand out candy.

I will work the following shift: October 29th \_\_\_\_\_\_11:00 am to 4:00 pm \_\_\_\_\_\_\_ 1 pm to 6:00 pm

 October 30th \_\_\_\_\_\_11:00 am to 4:00 pm \_\_\_\_\_\_\_ 1 pm to 6:00 pm

I will be wearing a costume: \_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No

**PHOTO RELEASE: (***optional***)**

I consent to and authorize the use and reproduction by Southern STARRS of photographs and audio-visual materials in which I may appear, for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOLUNTEER LIABILITY RELEASE: (***mandatory - if under 18, must be signed by parent***)**

As a volunteer at Southern STARRS, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients with whom I work 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 damages against Southern STARRS, its board of directors, instructors, therapists, volunteers, contributors and /or employees for any and all injuries and/or losses I may sustain while participating with Southern STARRS.

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_