



# HORSEFRIENDS THERAPEUTIC RIDING CENTER

*A CHRISTIAN NON-PROFIT GROUP WHOSE MISSION IS TO HELP INDIVIDUALS WITH DISABILITIES TO EXPERIENCE JOY AND STRENGTH THROUGH HORSES.*

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Parent's Name (if < 18yrs) \_\_\_\_\_

E-mail \_\_\_\_\_

Age (if under 18) \_\_\_\_\_

Address \_\_\_\_\_

Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_ Work/Other \_\_\_\_\_

What has been your involvement with horses in the past? \_\_\_\_\_

\_\_\_\_\_

Please describe your interest in working with individuals with disabilities? \_\_\_\_\_

\_\_\_\_\_

How did you hear about HorseFriends? \_\_\_\_\_

\_\_\_\_\_

Please circle areas of experience and knowledge:

Handling horses

Riding Horses

Assisting  
Developmentally  
Handicapped

Assisting Physically  
Handicapped

What days/times are you available to volunteer? \_\_\_\_\_

\_\_\_\_\_

Are there any other areas that you feel your experience will benefit the HorseFriends programs? \_\_\_\_\_

\_\_\_\_\_

## Photo and Liability Release

I consent to and authorize the use and reproduction by HorseFriends Inc. of any and all photographs and any other audio/visual materials taken of me for promotional materials, education activities or for any other use for the benefit of the program.

I understand that horses and related activities can be dangerous and there are associated risks and potential risks of injury, death and property damage. As a volunteer at HorseFriends Inc., I acknowledge these risks, however, I feel the possible benefits to me and people with whom I work are greater than the risks assumed. I and my successors and assignees, waive and release forever all claims for damages against HorseFriends Inc. and Flintrock Farm Inc., their Board of Directors, owners, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in HorseFriends Inc.'s programs and events.

Consent Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

(If volunteer is under the age of 18 years old this must be signed by a legal guardian.)

Contact Information: P.O. Box 10211 Greensboro, NC 27404 [www.horsefriendsnc.org](http://www.horsefriendsnc.org) 336-420-4588