



2021 Returning Volunteer Registration

Please return by email, mail or fax

Name:		Date of Birth: ____/____/____	
<i>First</i>	<i>Last</i>		
Address: Fill out if there are changes			
<i>Street</i>		<i>Apt/Unit</i>	
<i>City</i>	<i>State</i>	<i>Zip</i>	
Preferred Phone:	Cell? Y / N	Alternate Phone:	
Email:			
Mail Opt Out: <input type="checkbox"/>		Email Opt Out: <input type="checkbox"/>	
		Note: You will still receive volunteer updates and correspondence by email	
Tell us about any goals you have for this year:			
EMPLOYMENT INFORMATION			
This helps us with grants and tracking employer matching gift programs.			
Employer:		<input type="checkbox"/> N/A (retired, student)	
Address:		Phone:	
PARENT/GUARDIAN INFORMATION (IF VOLUNTEER IS UNDER 18)			<input type="checkbox"/> I WISH TO BE COPIED ON EMAIL
<i>Name</i>	<i>Relationship</i>	<i>Phone</i>	<i>Email</i>



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Interests for 2021 (check all that apply)

Note: You must participate in at least one session as a sidewalker before becoming a leader or barn aide.

Sidewalker	<input type="checkbox"/>	Help on Event Committees	<input type="checkbox"/>	Teaching Assistant	<input type="checkbox"/>
Leader	<input type="checkbox"/>	Help at Events	<input type="checkbox"/>		
Barn Aide	<input type="checkbox"/>	Help in Office	<input type="checkbox"/>		
Barn Maintenance	<input type="checkbox"/>	Feeder	<input type="checkbox"/>		

Barn Aide- Catch, groom, tack, untack and release the horses after lessons. Arrive at least an hour early to get horses ready. Must already be trained as a leader and been a leader in one session. Attend and successfully pass barn aide training. You will then shadow the barn aides on the day you volunteer for one session for more training.

Events, Office Tasks, Committees-No training needed to help.

Feeder- Help feed our herd one day a week. Feeders get trained by the Barn Manager and are placed with 1-2 feeders on the day you feed.

Leader- Lead the horse in lessons making sure the horse is safe & well behaved. Arrive at least 20 minutes early to warm up the horse. Attend and successfully pass leader training to become a leader.

Sidewalker - Work with the client by walking alongside the horse during class. They help the client understand the instructor's directions, achieve balance, independence, and reach personal goals.

Teaching Assistant – Help in class as assistant to instructor. Separate training required.

Availability

(If you haven't filled out the availability survey, please complete this section)

Please indicate the days and times you are usually available to volunteer. Select all that apply.

TIME OF DAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON							
EVENING							

Please indicate the times of year you are usually available to volunteer. Select all that apply.

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER



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By signing below, I affirm that all of the information in this Registration is complete and accurate. I affirm that I know of no reason that Volunteer should not participate in this activity. I also acknowledge and consent to the following:

VOLUNTEER HANDBOOK RECEIPT ACKNOWLEDGEMENT

I have received a copy of the current **We Can Ride, Inc. Volunteer Handbook** that contains volunteer policies and procedures, including without limitation the **Confidentiality Policy**. I acknowledge that I have read the Volunteer Handbook and understand that I am responsible for acting in accordance with the policies and procedures of We Can Ride, Inc.

We Can Ride, Inc. retains the right to modify, amend, or change the policies and procedures in the Volunteer Handbook at any time. Volunteers will be notified in advance of any changes.

PHOTO RELEASE

I

DO

DO NOT

consent to and grant my permission for We Can Ride, Inc. to use Volunteer's photograph and to publicly distribute of any and all photographs of myself or others for whom I am authorized to give consent, including the use of audio/visual materials for promotion, education, organized events, marketing, websites and social media and exhibition or any other use to benefit We Can Ride.

Signature: _____

Date: _____

Parent or guardian must sign if volunteer is under 18

If parent/guardian signed, indicate relationship to the volunteer. _____



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Emergencies

Your Name: _____ Phone: _____

Address: _____

City, State, Zip _____

PLEASE LIST TWO PEOPLE WHO MAY BE CONTACTED IN CASE OF EMERGENCY

NAME _____ RELATION _____ PHONE _____

NAME _____ RELATION _____ PHONE _____

Acknowledgement and Consent

I acknowledge and consent that We Can Ride, Inc. can take reasonable steps to seek medical care and transportation for me if necessary.

SIGNATURE: _____ **Date:** _____
Parent or guardian must sign if volunteer is under 18

If parent/guardian signed, indicate relationship to the volunteer. _____



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2021 RELEASE AND WAIVER OF LIABILITY

The undersigned Participant (the "Participant" or "I") desires to participate in the activities with We Can Ride, Inc., a Minnesota nonprofit corporation, including without limitation, being on property owned or used by We Can Ride, Inc. and engaging with or being near horses (the "Activities"). In consideration for being allowed to participate in the Activities, Participant hereby agrees, on behalf of Participant, and Participant's personal representatives, assigns, heirs, next of kin and any other successors-in-interest who are bound by the terms of this Release, as follows:

1. **ACCEPTANCE OF RISK. I UNDERSTAND THAT EQUINE ACTIVITIES, INCLUDING WITHOUT LIMITATION, RIDING, HANDLING AND BEING NEAR HORSES, AND BEING ON THE PROPERTY OF WE CAN RIDE, INC. HAVE MANY DANGERS AND RISKS AND CAN RESULT IN PERSONAL INJURY, DEATH AND/OR PROPERTY DAMAGE.** I desire to be a part of the Activities and understand and accept that participating in the Activities may entail risks to myself, to others and to property, and that my participation in the Activities is at my own risk.

Under Minnesota law, We Can Ride, Inc. is not liable for personal injury, death or property damage resulting from the inherent risks of equine activities. Pursuant to Minn. Stat. § 604.055, nothing in this Release purports or intends to waive liability for damage, injuries, or death resulting from conduct that constitutes greater than ordinary negligence.

2. **RELEASE AND INDEMNITY.** I agree to release, hold harmless and indemnify We Can Ride, Inc. and each of its owners, agents, employees, officers, directors, representatives, therapists, volunteers, assigns, members, owners of premises and trails, affiliated organizations, insurers and other acting on its behalf ("Representatives") from any and all present or future claims, losses, liabilities, costs and expenses of whatever kind of nature, including attorneys' fees ("Liability"), whether in law or in equity, arising from the Activities, including without limitation We Can Ride, Inc.'s alleged failure to comply with applicable laws and regulations or any Liability for personal injury, communicable diseases, death or property damage which results from the ordinary negligence of We Can Ride, Inc. or its Representatives. **IN NO EVENT SHALL WE CAN RIDE, INC. HAVE ANY LIABILITY FOR ANY CONSEQUENTIAL, INDIRECT, SPECIAL OR PUNITIVE DAMAGES, WHETHER BASED ON TORT OR CONTRACT, OR WHETHER WE CAN RIDE, INC. KNEW OR SHOULD HAVE KNOWN THE LIKELIHOOD OF SUCH DAMAGES.**
3. **OTHER.** We Can Ride, Inc. does not assume any responsibility to provide Participant with financial or other assistance, including but not limited to medical insurance, health insurance, or disability benefits (other than as may be specified in a written employment agreement). We Can Ride, Inc. shall not be liable for the loss of,



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theft of, or damages to any personal property of Participant. This Release shall be governed by and construed in accordance with the laws of the State of Minnesota and is intended to be as broad and inclusive as permitted by law. If any provision of this Release is held invalid, illegal or unenforceable, the validity, legality or enforceability of the remaining provisions shall not be affected.

BY SIGNING THIS RELEASE, I EXPRESSLY STATE THAT I HAVE READ AND UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS AND I INDICATE MY INTENT TO ENTER INTO THIS RELEASE KNOWINGLY AND VOLUNTARILY.

Participant Name

Participant Signature

Date

PARENT OR GUARDIAN SIGNATURE

(Must be completed by all parents and guardians for participants under the age of 18)

BY SIGNING THIS RELEASE, I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPANT, THAT I HAVE LEGAL AUTHORITY OVER PARTICIPANT, THAT I HAVE READ AND UNDERSTAND THE TERMS OF THIS RELEASE, AND THAT I FREELY SIGN THIS RELEASE AND WILL ABIDE BY ITS TERMS FOR MYSELF AND ON BEHALF OF PARTICIPANT.

Parent or Guardian Print Name

Relationship to Participant

Parent or Guardian Signature

Date