

COACHELLA VALLEY HORSE RESCUE
PO BOX 809, INDIO, CA 92202
760-808-6279



WAIVER, RELEASE, HOLD HARMLESS, AND AGREEMENT NOT TO SUE

I, _____ (FULL NAME), fully understand that my participation in the _____ (the "event/class") the associated event exposes me to the risk of personal injury, death, or personal property damage. I hereby acknowledge that I am voluntarily participating in this event/class and agree to assume any such risks.

I hereby release, discharge, and agree not to sue Coachella Valley Mounted Rangers (DBA Coachella Valley Horse Rescue), or their officers, officials, employees, agents, or authorized volunteers ("Releasees") for any injury, death, or damage to or loss of personal property arising out of, or in connections with, my participation in the event from whatever cause, including the active or passive negligence of the Releasees or any other participants in the event. Releasees understand that this document is not intended to release any party from any act of or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

In consideration for being permitted to participate in the event, I hereby agree, for myself, my child (if applicable), our heirs, administrators, executors and assigns, that I indemnify and hold harmless Releasees from any and all claims, demands, actions, or suits arising out of or in connection with my participation in the event.

_____ FOR MINORS UNDER 18: I hereby state that I am the custodial parent/guardian of _____ and I grant my child voluntary permission to participate in this event with full understanding of the risks and on the terms and conditions set out here.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULLY RELEASE OF ALL LIABILITY AND I SIGN IT OF MY OWN WILL.

Date

Signature

Phone

Print Name

Email



**COACHELLA VALLEY HORSE RESCUE
VOLUNTEER FORM
(PLEASE PRINT CLEARLY)**

Name: _____ Home Phone: _____

Street: _____ Cell Phone: _____

City: _____ Zip: _____ E-mail: _____

How did you learn about us? _____ Birth Year: _____

IN CASE OF EMERGENCY:

Contact Name: _____

Contact Phone: _____

Physician: _____

Hospital, City: _____

IF YOU ARE UNDER 18 YEARS OF AGE, YOUR PARENT OR GUARDIAN MUST SIGN THIS FORM. If under 18, Please give name of (circle one) Parent/Guardian/Caregiver: Phone: _____

MEDICAL RELEASE: In case of an emergency, I give permission to Coachella Valley Mounted Rangers to call 911 and secure an ambulance to transport me or my child to a near by hospital. The undersigned hereby agrees to pay all fees and expenses of doctors, hospitals, ambulances and other medical expenses incurred. Initial: _____

WATER: I have been made aware the water on the property is not potable (NOT FOR HUMAN CONSUPTION), and I must provide my own water when visiting the property. Initial: _____

PHOTO RELEASE: I consent to and authorize the use and reproduction by Coachella Valley Mounted Rangers of any and all photographs and any other audio visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program. Initial: _____

LIABILITY RELEASE: I acknowledge the risks and potential risks of a horseback riding program, including risk of bodily injury or death resulting from kicks and bites, falling off horses or horse falling on rider, being dragged by a foot caught in the stirrups, being thrown by horse, equipment failure or collision with horses or vehicles or other inanimate objects. However, I feel the possible benefits to my family or the child I care for 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 Coachella Valley Mounted Rangers, its board of directors, members, and volunteers for any and all injuries and/or losses I may sustain as a result of use of Coachella Valley Mounted Rangers property, equipment, or facilities. Initial: _____

VOLUNTEER MANUAL: I acknowledge receipt of the volunteer manual and will abide by all of its contents. Initial: _____

I agree to indemnify, save and hold harmless CVMR and its principals and agents from and against any loss, liability, damage, attorney's fees, or costs that they may incur arising out of or in any way connected with either my presence or participation at CVMR or any acts or omissions of CVMR principals or agents. Initial: _____

Are you of competent mind and understand what you are signing: _____

I understand that CVMR has the right to protect trade secrets.

I understand that California is an "At will state"; A volunteer is much like an at-will employee. He or she has no right or expectation of continued employment. He or she does not receive remuneration or valuable personal benefits of any kind and volunteers shall and can be asked to leave at any time.

I HAVE READ THE ABOVE RELEASES AND GIVE EMERGENCY MEDICAL, PHOTO, AND LIABILITY CONSENT AS INDICATED ABOVE:

Signature: _____ Date: _____

Print Name: _____ Driver's License #: _____

HORSE EXPERIENCE: _____

OTHER SKILLS: (languages, medical, administrative, other) _____

VEHICLE MAKE: _____ MODEL: _____ LICENSE PLATE#: _____