



# Community Equine Outreach of Eastern Washington

## VOLUNTEER AGREEMENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND EXPRESS ASSUMPTION OF RISK\*\*

**PLEASE TELL US A LITTLE ABOUT YOUR EXPERIENCE WITH HORSES, NON-PROFIT ORGANIZATIONS, OTHER VOLUNTEER EXPERIENCE, YOUR PASSIONS (use back of page if needed):**

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**There are several ways that you can volunteer with Community Equine Outreach of Eastern Washington!! Please indicate if any of the below are of interest to you, and also share under "other" if we've missed anything.**

<i>FEEDING</i>	<i>GROOMING</i>	<i>HAULING HAY</i>	<i>HAULING HORSES</i>
<i>GELDING CLINIC</i>	<i>EUTHANASIA ADVOCATE</i>	<i>FEED EVALUATIONS</i>	<i>CONFORMATION EVALUATION</i>
<i>TEMPERMENT EVALUATION</i>	<i>RIDING EVALUATION</i>	<i>GROUND TRAINING</i>	<i>SADDLE TRAINING</i>
<i>MANURE MANAGEMENT</i>	<i>VETERINARY ADOCATE</i>	<i>WOUND/HEALTH MANAGEMENT</i>	<i>FUNDRAISING</i>
<i>FACILITIES MAINTENANCE</i>	<i>POLICY REVIEW</i>	<i>ADOPTION COORDINATOR</i>	<i>FORM DEVELOPMENT</i>
<i>PUBLIC SPEAKING</i>	<i>GRANT WRITING</i>	<i>WEBSITE MAINTENANCE</i>	<i>LEADERSHIP:</i>
<i>FINANCIAL:</i>	<i>OTHER:</i>	<i>OTHER:</i>	<i>OTHER:</i>

**\*\*all volunteers are required to sign an agreement**

### RELEASE OF LIABILITY, WAIVER OF CLAIMS AND EXPRESS ASSUMPTION OF RISK

I, \_\_\_\_\_, do hereby acknowledge that I am fully aware of the inherent hazards and risks associated with activities and riding at Community Equine Outreach of Eastern Washington, it's foster facilities, veterinarian facilities, arenas and any other associated facilities of which I am about to engage in either as a visitor, participant or as a

Community Equine Outreach of Eastern Washington (CEOEW)  
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Release

volunteer. I understand that horses are dangerous animals – regardless of their previous training and past performance – their reactions to sound, movements, unfamiliar environment, objects, persons or animals are unpredictable.

I understand that horses can run, buck, bite, kick, shy, stumble, rear, trample, scratch, peck, fall, make unpredictable movements, spook, down, jump, butt, step on a person's feet, push or shove without warning or apparent cause.

I understand that activities and equipment used on and around horses are dangerous and there is a significant risk of serious injury with potential for broken bones, severe injuries to the head, neck and back which could result in permanent disability and even death. Inherent hazards and risks of participating in activities at Community Equine Outreach of Eastern Washington include but are not limited to:

1. The unpredictable nature of horses
2. Possible equipment failure or malfunction
3. My own negligence or the negligence of other including the owners/operators, agents, volunteers and visitors of Community Equine Outreach of Eastern Washington
4. Cold weather and heat related injuries and illness including but not limited to frostnip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration
5. Natural hazards such as the surface or subsurface conditions of the grounds
6. Attack by or encounter with insects, wild animals, barn cats or dogs that may be present at the facilities.

In consideration of being permitted to participate, volunteer, or ride at Community Equine Outreach of Eastern Washington or any associated facilities or events, I hereby attest to the fact that with respect to any and all injury, disability, death or loss or damage to person or property, I am covered by my own medical, disability, life and property insurance or in the absence of insurance I will be personally liable for any and all associated costs. I hereby release and hold harmless with respect to any and all injury, disability, death or loss or damage to person or property, whether caused by negligence or otherwise, Community Equine Outreach of Eastern Washington and the officers, directors, employees, representatives, agents and volunteers of Community Equine Outreach of Eastern Washington from any liability and responsibility Community Equine Outreach of Eastern Washington (CEOEW)

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whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors or assigns may have for personal injury, property, damage or wrongful death arising from the above activities whether caused by active or passive negligence or otherwise.

By entering into this agreement, I am not relying on any oral or written representation or statements made other than what is set forth in this agreement. This agreement shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

**I have read this release of liability, waiver of claims and assumption of risk agreement, and I fully understand its terms, and understand that I have given up legal rights by signing it and I sign it freely and voluntarily without any inducement.**

**NOTE: THE TERM OF THIS AGREEMENT DOES NOT EXPIRE UNLESS SPECIFICALLY IDENTIFIED HERE:** \_\_\_\_\_

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name of Participant** \_\_\_\_\_

For participants of minority age: I, as parent / guardian / temporary guardian with legal responsibility for this participant, do consent to my child / wards participation in activities at Community Equine Outreach of Eastern Washington. I release and indemnify the above named parties from any and all liabilities incident to my child /wards involvement in these programs.

**Name of Minor Participant** \_\_\_\_\_

Birth date of Minor \_\_\_\_\_

**Signature of Parent / Guardian** \_\_\_\_\_

**Print Name of Parent / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**CEOEW Representative/Witness** \_\_\_\_\_

**CONTACT INFORMATION**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

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

Cell phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_