**VOLUNTEER INFORMATION AND RELEASE FORM**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER/SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/LEGAL GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH AND BACKGROUND INFORMATION:**

ALLERGIES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MEDICATIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER BEEN CHARGED WITH OR CONVICTED OF A CRIME? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YES, PLEASE EXPLAIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN CASE OF EMERGENCY:**

CONTACT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL RELEASE:**

IN THE EVENT EMERGENCY MEDICAL AID/TREATMENT IS REQUIRED DUE TO ILLNESS OR INJURT WHILE PRESENT ON THE PROPERTY OF EL PASO CARES, (CHECK ONE) **[ \_\_\_\_ I AUTHORIZE] [\_\_\_\_ I DO NOT AUTHORIZE]** **EL PASO CARES** TO SECURE TRANSPORTATION AND MEDICAL TREATMENT INCLUDING X-RAY, ANESTHETIC,MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL SERVICE RENDERED UNDER THE GENERAL OR SPECIFIC INSTRUCTIONS OF ANY PHYSICIAN OR HOSPITAL. THE UNDERSIGNED HEREBY AGREES TO PAY ALL FEES AND EXPENSES OF DOCTORS, HOSPITALS, AMBULANCES AND OTHER MEDICAL EXPENSES REASONABLY AND NECESSARILY INCURRED.

**PHOTO RELEASE:**

(CHECK ONE) [\_\_\_\_ I CONSENT TO AND AUTHORIZE] [\_\_\_\_I DO NOT CONSENT TO NOR AUTHORIZE] THE USE AND REPRODUCTION BY **EL PASO CARES** OF ANY AND ALL PHOTOGRAPHS AND ANY OTHER AUDIO VISUAL MATERIALS TAKEN OF ME FOR PROMOTIONAL MATERIAL, EDUCATIONAL ACTIVITIES, EXHIBITIONS OR FOR ANY OTHER USE FOR THE BENEFIT OF THE PROGRAM.

**CONFIDENTIALITY AGREEMENT**:

I UNDERSTAND THAT ALL INFORMATION PROVDED ABOVE IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I KNOW OF NO REASON WHY I SHOULD NOT PARTICIPATE IN THE VOLUNTEER PROGRAM.

**I HAVE READ AND MADE A SELECTION FOR EMERGENCY MEDICAL AND PHOTO CONSENT. I AGREE TO CONFIDENTIALITY AS INDICTED ABOVE:**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_**\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IF YOU ARE UNDER 18 YEARS OF AGE, YOUR PARENT OR GUARDIAN MUST SIGN THIS FORM BEFORE YOU RIDE OR WORK AROUND HORSES.**

** Waiver and Release of Liability**

For good and valuable consideration, including the permission to participate and/or assist and/or volunteer in any and all equestrian assisted or other related activities with EL PASO CARES CORP. located at 18351 184TH Street, Miami, FL 33187, I agree and consent to the following:

**RELEASE AND WAIVER FROM LIABILITY**

I do hereby release WMTRC and all related affiliated corporations and individual property owners thereof, for any and all damage, claims, including any claim of personal injury, death, or injury to or loss of personal property, whether arising from control or supervision of spectators, providing or failing to provide ambulance service, medical care, nursing care, paramedic care, basic life support care, emergency trauma care, advanced life support care, first aid, emergency communication, emergency transportation, or design, maintenance or repair of any facility or anything or any other act caused by owners of EL PASO CARES CORP. or otherwise while I am in or upon said premises. All personal property kept, placed or left on or about the premises shall be at my sole risk as to loss, theft, injury or damage and EL PASO CARES CORP. shall have no responsibility for such loss, theft, or damage to any such personal property.

**ASSUMPTION OF RISK**

I hereby acknowledge and agree that horses, equine, riding, hacking, cantering, galloping, obstacle courses, and/or any other equestrian activities are dangerous and involve risk of serious injury and/or death and/or property damage and that the horses, equine, riding, hacking, cantering, galloping, jumping and/or all other equestrian activities are extremely dangerous and ultra hazardous. I consciously and voluntarily assume all such risks, dangers and hazards inherent in these activities and assume the same risks for any invitees including minor children or legal wards I bring onto said premises.

**HOLD HARMLESS**

I hereby agree to INDEMNIFY AND HOLD HARMLESS EL PASO CARES CORP, any Owners thereof, any sponsor, agent, landlord, their owners, their officers, their directors, members, affiliated organizations and any others acting on their behalf for any accident or injury, loss, liability, claims, rights for damages, costs or other expenses which may occur to me, my minor children or anyone with me, my animals or my adult guests including their minor children or legal wards while on said premises.

**DAMAGE**

I agree to be responsible for all damage caused by me, my animals, invited minor children, or anyone utilizing the premises, property or grounds of EL PASO CARES CORP. with my consent or at my request.

**COST OF ENFORCEMENT**

I agree to be liable for all of EL PASO CARES CORP. and all individual owners, landlord and agents of it, reasonable attorney’s fees and other costs resulting from my breach of any provision of the Release and Waiver. I further expressly agree that the foregoing release, waiver and indemnity provisions are intended to be as broad and inclusive as is permitted by law.

**CHOICE OF LAW AND VENUE**

I agree that this Release and Waiver shall be governed by and construed in accordance with the laws of the State of Florida. In the event any action, suit or proceeding is instituted as a result of any matter or thing affecting this Release and Waiver, the parties hereto hereby designate Dade County, Florida, as the proper jurisdiction and the venue in which same is to be instituted.

**WARNING**

**CAUTION: HORSEBACK RIDING CAN BE DANGEROUS. RIDE AT YOUR OWN RISK.**

**Under Florida Law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. FLORIDA STATE STATUTE 773.04**

**If the below Volunteer/Guest is a minor, PARENT/LEGAL GUARDIAN and VOLUNTEER MUST sign below.**

**NOTE: No minor/legal ward will be allowed on said property unless accompanied by an adult.**

**Having read the preceding, I acknowledge my understanding of those risks set forth herein and knowingly agree to accept full responsibility for my exposure to such risks. I acknowledge a full and complete understanding of the limitations of liabilities and waiver of certain rights that I may have and granting of releases contained herein and knowingly consent thereto.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Legal Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**