VOLUNTEER APPLICATION / WAIVER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (H): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (C): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Do you use Facebook? \_\_\_\_\_\_\_\_\_ If yes, name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you use Twitter? \_\_\_\_\_\_\_\_\_\_\_If yes, name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact 1/Ph#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact 2/Ph#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From whom/how did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interests:

\_\_\_\_\_Gaining Sponsors

 \_\_\_\_\_Administrative/Organizational Support

 \_\_\_\_\_Photography

 \_\_\_\_\_Adoption/Fostering Activities

 \_\_\_\_\_Professional services (Vet, Farrier, CPA)

 \_\_\_\_\_Basic Care Programs (feed, groom, clean, etc.)

 \_\_\_\_\_Program Development

 \_\_\_\_\_Camps/Summer Camps

 \_\_\_\_\_Public Relations

 \_\_\_\_\_Educational Programs

 \_\_\_\_\_Social Media

 \_\_\_\_\_Events

 \_\_\_\_\_Technology/Computers

 \_\_\_\_\_Facility Maintenance

 \_\_\_\_\_Therapy Programs

 \_\_\_\_\_Fundraising

 \_\_\_\_\_Training, Handling, Riding

 \_\_\_\_\_Grant Research and/or Writing

 \_\_\_\_\_Transport

 \_\_\_\_\_Lesson Programs

 \_\_\_\_\_Volunteer Coordination

 \_\_\_\_\_Marketing/Advertising

 \_\_\_\_\_Workshops

 \_\_\_\_\_Outreach

 \_\_\_\_\_Youth Program

 \_\_\_\_\_Other Interest(s): \_\_\_\_\_\_\_\_\_

Experience level: \_\_\_Beginner/Novice \_\_\_Intermediate \_\_\_Advanced \_\_\_Expert

Describe Interest/Experience:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you expect from TSETVA and your volunteer efforts?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience with horses, past and present. Use additional page, if needed:\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you volunteered at a horse rescue/sanctuary before?\_\_\_\_\_\_\_ If so, please describe:\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been investigated or charged for cruelty to animals? Y N If yes, Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any special skills or previous volunteer experiences\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have asthma, allergies, or any type of physical or psychological condition that might affect your volunteer work? If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you have any physical conditions that would limit your ability to perform heavy lifting, quick movement(s), activities in extreme weather (hot or cold), or other rescue related activities?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ General Availability: Days: \_\_\_\_Sun \_\_\_\_Mon \_\_\_\_Tue \_\_\_\_Wed \_\_\_\_Thu \_\_\_\_Fri \_\_\_\_Sat Times:\_\_\_\_\_\_ Morning \_\_\_\_\_Afternoon \_\_\_\_\_Evening

 Reason for Volunteering:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliations (clubs, associations, etc.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please list two Non-Family References: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_ \_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone #: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone #: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone #: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone #: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_ email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confidentiality:

 Volunteer information provided to TSETVA is confidential and will only be used for volunteer planning and coordinating purposes. TSETVA. will not to disclose or distribute any information contained in these records beyond management volunteers, as needed.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Volunteer Name), declare the above information provided to TSETVA is true and correct to the best of my knowledge.

Volunteer Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Volunteer is a minor (under 18 years old):

Parent/Guardian Name (please print): Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Name (please print): Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TSETVA Release of Liability and Waiver of Responsibility PLEASE READ CAREFULLY BEFORE SIGNING Due to the inherent risks of equine activities and equine-related activities, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine related activities. The undersigned hereby releases, waives responsibility, discharges and covenants to not sue Transitions Stables & Equine Therapy of Virginia Inc, its representatives, agents, directors, sponsors, or volunteers, jointly or individually, for any loss or claim as a result of personal injury or property damage which might arise from undersigned’s participation in any program or activity directly or indirectly involving Transitions Stables & Equine Therapy of Virginia Inc whether or not upon premises then occupied by Transitions Stables & Equine Therapy of Virginia Inc At any time that TSETVA, Inc. does not own the premises it occupies but premises are leased or donated, the owner(s) of said premises are incorporated herein and held harmless by this Release and Waiver.

This Release and Waiver includes, but is not limited to, heirs, assigns, personal representatives, or others who might seek to claim loss or injury on behalf of the undersigned. I ACKNOWLEDGE that mounted and un-mounted equestrian activities, including but not limited to working with a horse, grooming, feeding, caretaking, riding a horse, driving or riding in a cart drawn by a horse, riding in a Transitions Stables & Equine Therapy of Virginia Inc vehicle, and other mounted and un-mounted equestrian activities, AND ANY ACTIVITIES THAT INVOLVE BEING AROUND HORSES are INHERENTLY DANGEROUS ACTIVITIES, which involve a risk of injury. I ACKNOWLEDGE that I may sustain injuries.

 I EXPRESSLY ASSUME ALL KNOWN OR UNKNOWN RISKS involved in such activities and PARTICIPATE AT MY OWN RISK. \_\_\_\_\_\_\_ (initial)

I ACKNOWLEDGE that due to the nature of equestrian activities, accidents can and do occur, even if the utmost care and safety is exercised. I hereby, EXPRESSLY WAIVE, RELEASE, AND FOREVER DISCHARGE TSETVA, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, Agents, Employees, Sponsors, and Affiliates, landowners, whosoever from ANY AND ALL LIABILITY, CLAIM, LOSS, DAMAGE, COST, OR EXPENSE arising from, or attributable in any legal way to, ANY NEGLIGENT ACT OR OMISSION on the part of any such person or organization. \_\_\_\_\_\_\_ (initial)

 I ACKNOWLEDGE that I have carefully read this waiver and release, and that I fully understand that it is a RELEASE OF LIABILITY. I, also, ACKNOWLEDGE that I am waiving all rights that I may have to bring a lawsuit in which I could assert claim against TSETVA, Inc. and all the other persons mentioned for any damages caused by negligence of the parties. I hereby consent to the terms of this waiver. \_\_\_\_\_\_\_ (initial)

The undersigned acknowledges that TSETVA, Inc., its representatives, agents, directors, sponsors, and volunteers have relied upon the foregoing to grant permission to enter the premises and participate in the programs, care and handling of the animals there sheltered. \_\_\_\_\_\_ (initial)

If undersigned is determined to be in any way detrimental and/or uncooperative with the policies and procedures of TSETVA, Inc. then in place for the safety and protection of the animals and other persons present, undersigned may be denied further permission to participate in the activities and programs of TSETVA, Inc., wherever they may occur. Notwithstanding, the foregoing Release of Liability and Waiver of Responsibility shall remain in full force and effect. \_\_\_\_\_\_\_ (initial)

Should TSETVA, Inc. change its name or relocate at any time, the foregoing shall remain in full force and effect. \_\_\_\_\_\_\_ (initial)

I understand the risks, hazards, and dangers described above. I understand that these activities may require good physical condition and a degree of skill and knowledge. By my participation, I have represented that possess the physical conditioning and the degree of skill and knowledge necessary for me to engage in these activities safely. \_\_\_\_\_\_\_\_\_ (initial)

I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITY OR EVENT ASSOCIATED WITH, SPONSORED BY, ORORGANIZED BY SERR WITH FULL UNDERSTANDING OF INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED. AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISK OF INJURY, PARALYSIS, ILLNESS, DISEASE OR DEATH. \_\_\_\_\_\_\_\_\_\_ (initial)

Lastly, I, for myself, my heirs, successors, executors, and subrogates, hereby KNOWINGLY AND INTENTIONALLY WAIVE ANDRELEASE, INDEMNIFY AND HOLD HARMLESS TSETVA, its directors, officers, agents, instructors, employees, members, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorneys' fees) which are related to, arise out of, or are in any way connected with my participation in this activity including, but not limited to, NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, illness, disease or death to me or my property as a result of my engaging in these activities or the use of animals or equipment, whether such damage, loss, injury, paralysis, Illness, disease or death results from negligence of TSETVA, Inc or from some other cause. \_\_\_\_\_\_\_\_\_\_\_\_ (initial)

I hereby acknowledge and assume the risk of participating in all horse related activities, including riding, at TSETVA or in all locations where TSETVA activities take place. I hereby release TSETVA, its officers, staff members, volunteers, instructors, advisors and/or agents in any location where horse related activities are conducted or horses and/or property are used. I release them from responsibility for accidental physical injury, including death or illness and loss of personal property while at TSETVA. \_\_\_\_\_\_\_\_\_\_\_\_\_\_(initial)

I agree to remain fully liable and responsible for any such hospital, doctor, ambulance, dental or medical fees in the event of an injury to me because of my participating in any and all activities involving TSETVA. I understand that TSETVA does NOT provide health, accident, or liability insurance to participants\*. \_\_\_\_\_\_\_\_(initial)

I acknowledge that there is a valid consideration to executing this release. The invalidity of any statement or waiver of rights above under local, state, or federal law does not invalidate any other statement or waiver of rights above. \_\_\_\_\_\_\_\_\_(initial)

PHOTO RELEASE

 I 􀍙 DO

 􀍙 DO NOT Consent to and authorize the use and reproduction by TSETVA, Inc. of 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 TSETVA.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participant\* or parent/guardian if under 18) OPTIONAL: AUTHORIZATION FOR TREATMENT The undersigned participant\*, and parents or legal guardian of a minor participant\*, authorizes members of TSETVA as agent(s), to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician, licensed emergency medical technician or surgeon, whether on TSETVA property, in a remote location, in an office or in a licensed hospital. This authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as the health care giver may deem advisable.

This Authorization shall remain effective indefinitely unless revoked in writing.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participant\* or parent/guardian if under 18) Health Insurance Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/WE, the undersigned, have read and understand the foregoing agreement, warnings and Release of Liability and Waiver of Responsibility. I/WE further understand and agree that I/WE are assuming all risk attendant to the handling, care, and/or riding of horses. I/WE attest that all facts conveyed to Transitions Stables & Equine Therapy of Virginia Inc, either verbally or in writing, relating to physical condition, age and experience are correct and are being relied upon as such. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Volunteer Name (Please Print) Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address City/State Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone Alternate Phone I ACKNOWLEDGE that I have carefully read this waiver and release on behalf of my child or ward, and that I fully understand that it is a RELEASE OF LIABILITY. I ACKNOWLEDGE that I am waiving all rights that I have to bring a lawsuit in which I could assert claim against Transitions Stables & Equine Therapy of Virginia Inc and all the other persons mentioned for any damages caused by the negligence of the aforementioned parties. Parents or guardians of Visitors/Volunteers/Participants will reimburse TSETVA, Inc. for defense costs and any judgment associated with any subsequent lawsuit. I hereby consent to the terms of this waiver and allow my child or ward to participate as a visitor/volunteer/participant in the TSETVA, Inc. Parent/Legal Guardian Signature (if visitor/volunteer/participant is under 18 years of age)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Volunteer Name (Please Print) Age of minor at time of signing Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Legal Guardian Signature Phone (Day) Phone (Eve)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Legal Guardian Signature Phone (Day) Phone (Eve)

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Emergency Contact 1/ Relationship Phone (Day) Phone (Eve)

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Emergency Contact 2/ Relationship Phone (Day) Phone (Eve