



MITCHELL FARM EQUINE RETIREMENT, INC

VOLUNTEER REGISTRATION & RELEASE FORM

PLEASE PRINT

NAME _____ DATE OF BIRTH _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ E-MAIL _____

PLACE OF EMPLOYMENT/SCHOOL _____ Occupation: _____

PARENT/GUARDIAN NAME _____ PHONE _____

(for volunteers under 18 years of age)

My employer gives time off for volunteering _____ My employer matches cash donations _____

How did you hear of Mitchell Farm? Friend Relative Newspaper/Flyer Website Other _____

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING:

PHOTO RELEASE: ___ I consent to and authorize ___ I do not consent to nor do I authorize the use and reproduction by Mitchell Farm Equine Retirement, Inc. of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

POLICY OF CONFIDENTIALITY: Confidentiality is defined as “told in secret or private relations; trusted.” Any information in regard to the Mitchell Farm horses, prior owners or prior living conditions must be held in strict confidentiality. It is critical that we respect each individual. Failure to abide by this policy may diminish the quality of the services we provide and result in legal ramifications. I have read and understand Mitchell Farms’ Policy of Confidentiality and agree to abide by same.

LIABILITY RELEASE: I acknowledge the risks and potential for risks of working with horses, including grievous bodily harm. 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 Mitchell Farm Equine Retirement, Inc., its Board of Directors, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating as a Mitchell Farm volunteer from whatever cause, including but not limited to the negligence of these related parties.

The undersigned acknowledges that he/she has read this Volunteer Application and the attached precautions and rules in their entirety; that he/she understands the terms of this release, will abide by precautions and rules and has signed this release voluntarily and with full knowledge of the effects thereof.

DATE: _____ SIGNATURE _____

SIGNATURE OF PARENT/GUARDIAN _____

(If volunteer is under 18 years of age, both signatures are required)



MITCHELL FARM EQUINE RETIREMENT, INC.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize Mitchell Farm Equine Retirement, Inc. to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

In case of Emergency, contact _____ Phone _____

Physician 's Name: _____ Town _____ Phone _____

Preferred Medical Facility: _____ Health Insurance Carrier: _____ Policy #: _____

Please indicate any medical conditions and/or medication that may affect your volunteer role and that we should be aware of in the event of an emergency _____

Any Drug Allergies? _____

Date of last Tetanus shot _____

CONSENT PLAN (to be invoked in me event that your Emergency Contact cannot be reached.) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property of the Mitchell Farm Equine Retirement, Inc.

Date _____ Consent Signature _____
(If volunteer is under 18 years of age, both signatures are required)

NON-CONSENT PLAN I do not give consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency, in the event emergency treatment/aid is required, I wish the following procedures to take place:

Date _____ Non-Consent Signature _____
(If volunteer is under 18 years of age, both signatures are required)