

Volunteer Liability Release

As a volunteer at TEAM, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with 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 TEAM, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in TEAM.

Signature: _____ Date: _____

Background Information

Have you ever been charged with or convicted of a crime? Yes No If yes, please explain:

I, _____ (volunteer/staff), authorize _____ (operating center) to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize the operating center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individuals, group, agency, organization, or corporation.

Signature: _____ Date: _____
(Volunteer/Staff)

Current Driver's License Number: _____ State: _____
Expiration Date: _____