

**Therapeutic Horsemanship of West Michigan  
VOLUNTEER INFORMATION SHEET AND RELEASE OF LIABILITY FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ County \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Age (if under 21) \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Pertinent Physical Limitations or Conditions (or allergies) \_\_\_\_\_  
\_\_\_\_\_

Handicappers Experience (please detail) \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_  
Civic Affiliations (service organizations, clubs, etc) \_\_\_\_\_  
\_\_\_\_\_

Are you interested in working with:  Kids  Adults  At Risk Youth  
Would you be interested in volunteering for other THWM activities such as fundraising events and other activities?  Yes  No

We ask that our volunteers commit to a minimum of one two-hour period for a scheduled session. Please contact us at least 24 hours in advance if you are unable to assist at your scheduled time. No individual may participate as a volunteer in the Therapeutic Horsemanship of West Michigan until this form has been completed and signed, by volunteer or, if under 18, by a parent or guardian. Equine activities carry with them certain inherent risks. Every effort will be made to ensure the safety of all persons involved. Please read carefully the agreement below before signing.

I \_\_\_\_\_ assume the risks and accept the consequences involved in participation in the Therapeutic Horsemanship of West Michigan Program. I am hereby informed of the possible dangers to me that may result from participation including soft tissue (including skin and muscle) injury, ligament and tendon injury, bone/joint injury, and exacerbation of chronic conditions. I recognize that the aforementioned listing may not be complete, but further explanation is not requested by me. I accept the responsibility for complying fully with all safety regulations and practices, and I will consult with the instructor or coordinator for advice in circumstances where safe practices are in doubt.

I hereby release Therapeutic Horsemanship of West Michigan, its instructors, staff, facility, and any other individuals or organization involved from any liability for injury that may result from participation in the programs. I have read and fully understand this document.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Completion of this form constitutes parent/guardian permission for the named individual to participate as a volunteer in this program.

Parent/Guardian Signature (under 18) \_\_\_\_\_ Date \_\_\_\_\_