



## Volunteer Information Form

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

E-mail: Please circle preferred email  
(work) \_\_\_\_\_ (personal) \_\_\_\_\_

Do you check E-mail regularly? Yes or No (circle one please)

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

»Driver's License: Y or N (circle) License #: \_\_\_\_\_ State: \_\_\_\_\_

»Have you ever been charged with or convicted of a crime? Y or N (circle one)

Please explain: \_\_\_\_\_

» Please describe your experience with horses, including number of years.

»Please describe your experience with individuals with disabilities .

»What other skills would you like to offer the program?

(For example: computer skills, marketing, fund raising, public relations, etc.)

## Confidentiality Agreement

This confidentiality Agreement is made between the Northern Virginia Therapeutic Riding Program (referred to as "The Program") and \_\_\_\_\_ (referred to as "The Volunteer").

*Please print name here*

The Program is engaged in therapeutic horseback riding for individuals with physical and cognitive limitations. The Volunteer is engaged in assisting the Program's instructors by leading horses, side walking, and preparing facilities. Information about the Program's student riders may be disclosed to the Volunteers from time to time to permit them to properly employ safety measures during riding sessions. The Volunteer agrees to protect the confidential material and information which may be disclosed between the Program and Volunteer. Therefore, the parties agree as follows;

- I. Confidential Information: the term "Confidential Information" means any medical information or material which is private to the Program's student riders and their parents.
- II. Protection of Confidential Information: The Volunteer understands and acknowledges that the Confidential Information is to be considered privileged information. Therefore, the Volunteer agrees to hold in confidence and to not disclose the Confidential Information to any person or entity.

By: \_\_\_\_\_

Volunteer Signature	Print Name	Date
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Signature of Parent/Guardian if under 18	Print Name	Date
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By: \_\_\_\_\_

NVTRP Program Representative	Print Name	Date
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**Participant Release of JES, Full Cry Farm, and Randy Dillon**

Witness this agreement on

**\*\*** \_\_\_\_\_ **(Today's Date),**

Among and between**\*\*** \_\_\_\_\_ **(“Participant”),**

Junior Equitation School, Inc. (“JES”), Full Cry Farm, LLC (“FCF”) and Charles Cary Randolph Dillon (“Randy”). For consideration received and in return for permission for Participant to enter the property known as Little Full Cry Farm (“Farm”), Participant and Participant’s heirs, assigns, and representatives hereby agree as follows:

1. Participant understands and agrees that the Farm is an equine facility at which horses are present and at which equine activities are conducted. Participant understands and agrees that there are intrinsic dangers arising from equine activities, including but not limited to, (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine’s reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals and objects; (v) the potential of a person (including Participant) acting in a negligent manner that may contribute to injury to the Participant or others, such as failing to maintain control over an equine or not acting within the person’s ability; and (vi) weather conditions including, but not limited to rain, snow, ice, wind, or heat.
2. Participant agrees to assume any and all risks involved in or arising from Participant’s activities on the Farm including, but not limited to, risks of bodily injury, death, property damage, falls, kicks, bites, collisions with vehicles, moving or stationary objects, limited emergency medical availability, or the negligence or deliberate act of any other person.
3. Participant agrees to hold harmless, indemnify and defend JES, FCF, and Randy against, and hold harmless from, any and all claims, demands, causes of action, damages, judgments, orders, costs or expenses, including attorney’s fees, whether actually incurred or not, which may in any way arise from or be in any way connected to Participant’s activities at or presence upon the Farm.
4. Participant acknowledges and agrees that it is Participant’s responsibility to determine that the premises are suitable for Participant’s activities. Participant acknowledges and agrees that JES, FCF and Randy make no representation or warranty that the premises (including, but not limited to, rings, pastures, jumps, barns, and fences) are suitable or safe for Participant’s activities. Participant understands and agrees that Participant is present on the Farm at Participant’s own risk.
5. If Participant is present on the Farm as a spectator, Participant understands and agrees that the sole area Participant may occupy for such purposes is the parking area at the south end of the main ring or such other area designated for spectator use by JES or FCF.
6. Participant agrees to waive the protection of any and all applicable statutes in this jurisdiction the purpose, substance and/or effect of which is to provide that a general release of liability shall not extend to claims, material or otherwise, which the person does not know or suspect to exist at the time of executing said release.

**\*\* Please Print Name:** \_\_\_\_\_

**\*\* Please Sign Name:** \_\_\_\_\_

**Participant (Parent or legal guardian if Participant is a minor)**

\_\_\_\_\_  
Charles C.R. Dillon

\_\_\_\_\_  
Junior Equitation School, Inc.

\_\_\_\_\_  
Full Cry Farm, LLC