



**Days End Farm Horse Rescue, Inc.**  
1372 Woodbine Road, P.O. Box 309  
Lisbon, MD 21765  
Phone: 301-854-5037 \* Fax: 301-854-5146  
info@defhr.org \* www.defhr.org

## Volunteer Release

### MUST CONTAIN ORIGINAL SIGNATURES

This form must be completed and submitted for **EVERY participant\*** at Days End Farm Horse Rescue (DEFHR) before engaging in ANY horse related activity. It is the participant's\* responsibility to ensure that all information is complete and accurate, and to notify DEFHR in the event of any changes.

### CONTACT INFORMATION: PLEASE PRINT

Participant's\* Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Legal Guardian (**for participants\* under 18**): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### EMERGENCY INFORMATION

**Please notify the following individual(s) immediately in the event of a medical emergency:**

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

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Other Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

**List all special medical conditions, medications or allergies that staff or emergency personnel should be aware of:**

\_\_\_\_\_

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

(participant\* or parent/guardian if under 18)

**PLEASE READ CAREFULLY AND INITIAL BESIDE EACH STATEMENT BELOW:**

Participant      Parent

\_\_\_\_\_      \_\_\_\_\_      I understand that horses are independent living beings and can be unpredictable.

\_\_\_\_\_      \_\_\_\_\_      I understand that there are always elements of risk in equestrian activities, including permanent disability or death, that common sense and personal awareness can help reduce.

\_\_\_\_\_      \_\_\_\_\_      **I am aware that at all times when on Days End Farm, it is MY RESPONSIBILITY to:**

1. Be alert and respectful of horses' intentions signaled with their ears and eyes and carried out with their teeth and hooves.
2. Speak in a reassuring tone when approaching a horse or horses and avoid sudden movements or noises.
3. Never leave horses unattended with their stall door open, in stable aisles, while they are tied or in the riding arena.
4. Always lead horses properly with a lead rope.
5. Always wear appropriate clothing, including durable shoes.
6. Put away tack and equipment after using.
7. Know locations of emergency telephones, ambulance and veterinarians' phone numbers, and farm staff.
8. Never be intoxicated in the stable or allow others to be so.
9. Read and obey all posted information and warnings.
10. Comply promptly with all verbal directions of DEFHR staff and instructors unless I believe that by doing so I will endanger myself, other people or horses, in which case I will immediately express my opinion to the person involved.
11. Refrain from acting in any manner which may cause or contribute to my injury or the injury of other people or horses.

\_\_\_\_\_      \_\_\_\_\_      **I am aware that at all times when riding, it is MY RESPONSIBILITY to:**

1. Always ride with another person.
2. Check all equipment and tack, including the saddle, girth, straps, bridle and bit before using for signs of weakness and proper adjustment.
3. Use proper equipment and attire, including a regulation helmet with a chin strap snugly fastened at all times and boots with heels. I also understand that regulation helmets are available for use at DEFHR and that if I choose not to wear one, I am wholly responsible for any consequences.
4. Ride in control ONLY on horses rated within my ability level.
5. Be constantly aware of, anticipate and be able to avoid nearby horses, people and obstacles, or natural and man made hazards.
6. Never tailgate and always audibly alert nearby riders and people on the ground before changing direction or overtaking another horse.

\_\_\_\_\_      \_\_\_\_\_      I understand that this is only a partial list, and I must be safety conscious and exercise sound judgment AT ALL TIMES. ANYONE found to be endangering themselves, other people or horses face immediate revocation of riding privileges WITHOUT EXCEPTION.

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

**MUST CONTAIN ORIGINAL SIGNATURE BEFORE HANDLING ANY HORSE**

I hereby acknowledge and assume the risk of participating in any and all horse related activities, including riding, at DEFHR or in any and all locations where DEFHR activities take place. I hereby release DEFHR, 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 DEFHR.

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 as a result of my participating in any and all activities involving DEFHR. I understand that **DEFHR does NOT provide health, accident or liability insurance to participants\***.

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.

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

**PHOTO RELEASE**

- I  DO  
 DO NOT

consent to and authorize the use and reproduction by Days End Farm Horse Rescue, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of DEFHR.

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 DEFHR 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 DEFHR 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: \_\_\_\_\_

**\*Participant:** Any individual who knowingly participates in a DEFHR activity on or off DEFHR property, including barn/farm labor, educational/fundraising activities, and any other activity at a location sponsored by DEFHR.