

Rising Starr Horse Rescue 93 Silver Spring Road Wilton, CT 06897

www.Risingstarrhorserescue.org (203)762-6046 or (203)257-8345

VOLUNTEER FORM

Name:		Age:	Gender:		
Street:	City:	State:	Zip:		
Phone #1: Ph	none #2	Email:			
Parent/Guardian Name (if under 1	18):				
Allergies or Special Needs:					
Emergency Contact if other than I	Phone #1 or #2:				
Medical issues that we need to kr	now about that could impact yo	ur ability to wo	ork with large unpredictable		
Animals					
I would like to (circle all that a	apply):				
*Work directly with the horses *	Help with fundraising efforts	*Help with n	narketing/social media		
*Work outdoors (fence repair, cle	earing trails, cleaning fields)	*Help with V	olunteer Coordination		
Check the line that applies to your horse experience: Head of Herd: Must be comfortable handling horses, lunging, grooming, feeding Yearling: Needs guidance from Head of Herd Foal: Needs to shadow Head of Herd at all times					

Please circle your availability:

Mon.	Tues.	Weds.	Thurs.	Fri.	Sat.	Sun
AM						
Midday						

Note: Children ages of 5 through 12 must be accompanied by a parent volunteer.

Please complete both pages and sign.

I/We , parent(s) or legal (child), by enrolling myself or my/our quardian(s) of child in RSHR Corp. Riding Program, certify that I/we acknowledge and accept the General Statutes of Connecticut Title 52. Civil Actions Chapter 926. Statute of Limitations Conn. Gen.Stat.s52-577p (1994): Assumption of risk by person engaged in recreational equestrian activities, when each person engaged in recreational equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports, unless the injury was proximately caused by the negligence of the person providing the horse or horses to the individual engaged in recreational equestrian activities or the failure to guard or warn against a dangerous condition, use, structure or activity by the person providing the horse or horses or his agents or employees. I/We hereby release RSHR Corp. and any staff members affiliated with RSHR Corp. from any responsibility for any occurrence which may result in injury, death, or other damages. I/We further state that I/we are of lawful age and competence to sign this affirmation and release, and that by signing I/we understand the terms therein. I/We assume all responsibility for (child's) _____ physical fitness and capabilities to perform under normal conditions of the RSHR Corp. Riding Program. In witness whereof I/we have executed this affirmation and release on this _____day of _____ 2023. Signature Parent or Guardian Signature(s) 1st 2nd **Photo Release:** I give permission for RSHR to use photos including my son/daughter named above for the webpage or other publicity that may involve photos such as the RSHR newsletter, flyers, brochures etc. At no time will RSHR use photos on the Internet except for the Farm webpage, Instagram, and Facebook. Parent/ guardian signature as approval: Date:

ALL VOLUNTEERS MUST WEAR CLOSE-TOED SHOES OR BOOTS

We ask that you provide 24 hours' notice for any time that will be missed so that we may plan accordingly. The horses rely on all of us for care. A "no show" will result in loss of volunteer privileges.

Release: