



Volunteer Registration & Release Forms

Full Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: Cell: (____) _____ Work: (____) _____ Home: (____) _____

Email Address: _____

***If Volunteer is Under age 18: ***

***Name of Parent/Guardian:** _____

***Parent/Guardian's Cell Phone:** (____) _____ **Work Phone:** (____) _____

***Parent/Guardian's Place of Employment:** _____ **City:** _____

What interests you about volunteering at CSR?

Have you ever interacted with a horse? Circle: YES or NO (Note: NO experience needed to volunteer)

If yes, briefly explain level/type of experience:

Do you have any experience working with individuals with disabilities? (Please circle) YES / NO

If yes, please explain:

Photo Release

(Please check one):

I do _____ / I do NOT _____ consent to and authorize the use and reproduction by Cedar Springs Ranch 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 the program.

Signature _____ Date: _____

(Volunteer, Parent/Guardian)



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Volunteer's Medical History

Volunteer's Name: _____ DOB: _____

Height: _____ Weight: _____

Allergies: _____

Up to Date on vaccinations: (Circle one) YES / NO

Medical concerns or Disabilities we need to be aware of for safety and physiological well-being:

Medications (include prescription and over the counter, name, dose, and frequency):

Side Effects: _____

Personal Health or fitness concerns limiting involvement at CSR: (Please list/explain briefly)

Additional Comments:

Confidentiality Agreement

Divulging confidential information concerning any information of a sensitive nature to an unauthorized person is grounds for immediate discharge. We ask that you practice loyalty to the participants, their families, and to each other. I am fully aware that Cedar Springs Ranch serves children, youth, and adults who are challenged in various ways and may have disabilities, including but not limited to mental and physical disabilities, abuse/neglect, mental illness, dependency issues, depression, anxiety, and more. Information about a participant's condition, care/treatment, personal affairs, and records is strictly confidential. Such information may not be discussed with anyone, including physicians, therapists, employees, or volunteers who are responsible for the participant's care, unless the participant/their parent or guardian has authorized release of information or unless compelled by law to do so. Carelessness or thoughtlessness leading to the release of rider information may result in immediate dismissal.

Signature _____ Date _____



**CEDAR SPRINGS RANCH RELEASE OF LIABILITY
READ CAREFULLY BEFORE SIGNING**

TODAY'S DATE: _____ EVENT NAME (If applicable): _____

PARTICIPANT NAME: _____ DATE OF BIRTH: _____

PARTICIPANT ADDRESS: _____

Every participant in Equine, Llama, Sheep, Miniature Donkey, Goat, or Alpaca (in this document will be referred to as "animal/animals) Activities (called the Activity), shall carefully read this notice before signing. No person will be allowed to participate in the "ACTIVITY" prior to reading and signing this RELEASE and ACKNOWLEDGMENT form.

EMERGENCY CONTACT: _____ PHONE: _____

RELATIONSHIP TO PARTICIPANT: _____

ADDRESS: _____

TO: Cedar Springs Church Ranch, Inc. 3128 Slinger Road, PO Box 625, Slinger, WI 53086

Their director, officers, employees, representatives, agents, officials, volunteers, business operators, and site property owners, (All of the collectively called the "OWNER").

The undersigned desires to participate in animal activities. In consideration of the opportunity to participate in such activities and for the good and valuable consideration I agree to enter into the following agreement.

A. Inherent Risks, Dangers, and Hazards

I am aware and understand that there are inherent DANGERS, HAZARDS, AND RISKS, (collectively called RISKS) associated with all animal activities. I ACKNOWLEDGE that the inherent "RISKS" of animal activities mean those DANGEROUS conditions which are an integral part of animals and/or activities, including but not limited to:

- 1) The propensity of and animals to behave in ways that may result in injury, harm, or death to persons on or around them and/or damage to property in their vicinity.
- 2) The unpredictability of any animal reaction to such things as sounds, sudden movement and unfamiliar objects, persons, or other animals
- 3) The animal response to certain hazards such as surface and subsurface objects
- 4) collusion with other animals, people, and objects
- 5) The potential of any participant to act in negligent manner that may contribute to injury to participant or others, such as failing to maintain control over animals or to act within his or her ability. I understand that injuries resulting from such "RISKS" are common and ordinary occurrence associated with animal activities

I freely accept and fully assume all the "RISKS" and the possibility of personal injury, death, property damage, or loss from being a participant. I acknowledge that it remains my sole responsibility to act in such a manner to be responsible for my own safety and to participate within my own limits. In consideration of the "OWNER" permitting my Participation in the "ACTIVITY" on or about the above premises, I together with my heirs, executors, administrators and

(COLLECTIVELY called my "legal representatives") agree as follows:

- 1) To waive all claims that I may have against the "OWNER", and,
- 2) To release the "OWNER" from ANY and ALL liability for loss, damage, injury, death, or expense that I or my "Legal Representative" may suffer as a result of my participation in the "ACTIVITY" due to any cause whatsoever. **INCLUDING NEGLIGENCE ON THE PART OF THE "OWNER" EXCLUDING ONLY GROSS NEGLIGENCE AND WILLFULL AND WANTON MISCONDUCT ON THE PART OF THE "OWNER"; AND,**
- 3) TO HOLD HARMLESS AND INDEMNIFY the "OWNER" from ANY and ALL liability form property damage, personal injury or death to any third party resulting from my participation in the "ACTIVITY". Before I signed this release and acknowledgement, I read it and I state that I understand it. I am aware that by signing this Release and Acknowledgement, I am waiving certain legal rights which I might have against that "OWNER", or if I die, by signing this Release and Acknowledgement, I am waiving certain rights that my Legal Representative may have against the "OWNER".

WARNING, UNDER WISCONSIN LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES SEC.892.525 WIS STATS

Participant Signature: _____ Date Signed: _____

If the participant is a Minor (Under 18 years of age at date of signing): I am the legal guardian of the participant named herein and I am executing this release and acknowledgement on behalf of the Participant in my capacity as guardian and with the intent that this release and acknowledgement be binding in the minor participant for all legal purposes. Before I signed this release and acknowledgement, I read it and state that I understand it. I am aware that by signing this release and acknowledgement, I am waiving certain rights which I might have against the "OWNER", and which the minor participant has against the "OWNER". In the event of death of the minor participant, by signing this release and acknowledgement, I am waiving all legal rights which my legal representative or the legal representative of the minor participant may have against the "OWNER".

Guardian of Participant Signature: _____ Date Signed: _____





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Background Information:

It must be completed by all volunteers and staff 18 years of age or older.

Have you ever been charged with or convicted of a crime? (Select one) No / Yes

If yes, please explain:

I, _____ (volunteer/staff name), authorize Cedar Springs Ranch to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal governments, 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 or animals. 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 Cedar Springs Ranch center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

Expectations Agreement:

To ensure a safe environment while engaging in healing interaction with animals/horses as stated in the Cedar Springs Ranch's Mission Statement, I acknowledge the expectations required of all Cedar Springs Ranch volunteers and staff. I am aware that disregarding any one of these expectations will result in first a warning, second a reprimand, and if a third time occurs, then dismissal from Cedar Springs Ranch.

- Safety is the top priority when interacting with animals/horses, whether grooming and/or tacking the
- horses, side walking, or handling the animals/horses during or outside of lesson time.
- Listen to and obey the instructor.
- Follow the barn rules which include, but are not limited to:
- God is always present.
- No smoking, alcohol use or drugs
- No running or yelling unless there is an emergency.
- No foul language
- No "horse play"



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Expectations Agreement (continued):

- No hand-feeding the horses/animals.
- Follow the Dress Code for personal safety and professionalism.
- Be courteous and work as a team member. This includes:
- Speaking about and interacting positively with ranch personnel, volunteers, and participants.
- Understanding the roles of Side Walker, Horse Handler, and lesson assistant.
- Asking questions when not fully understanding what is needed.
- Arriving punctually.
- Contact the Executive Director or the Session Instructor when a scheduling conflict arises.

Signature _____ Date _____

Information & Medical Accuracy Acknowledgement Statement:

I hereby acknowledge that the above-noted personal and medical information is accurate and complete to the best of my knowledge and does not preclude [me/my ward] from participating in equine-assisted or animal interaction activities as a volunteer. I understand that the center/staff reserve the right to discontinue my involvement should any information be inaccurate or withheld. The center/staff will use their discretion continuously for any changes or adaptations necessary for my continuing involvement.

Printed Name: _____ Date: _____

Signature: _____ Date: _____