

# Limitless Riders

## Volunteer Liability Release

### LIABILITY RELEASE:

\_\_\_\_\_ (clients name) would like to volunteer/participate in the Limitless Riders program. I acknowledge the risks and potential for risks of horseback riding/leading/side walking. However, I feel the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Limitless Riders, its board of directors, instructors, therapist, aids and/or employees for any and all injuries and/or losses I/my child/my ward may sustain while volunteering/participating in the Limitless Riders program.

Signature: \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(parent, guardian or client over 18)

### MEDIA RELEASE: OPTIONAL:

I hereby consent and authorize the use and reproduction by Limitless Riders of any and all photographs and any other audio visual materials taken of me/my child/my ward to promotional printed material, educational activities, exhibitions or for any use for the benefit of the program.

Signature: \_\_\_\_\_ Date : \_\_\_\_/\_\_\_\_/\_\_\_\_  
(parent, guardian or client over 18)

# Limitless Riders Volunteer Questionnaire

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

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Best time of day to contact you: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## AVAILABILITY:

MON     TUE     WED     THUR     FRI     SAT     SUN

Do you have previous experience with horses/horseback riding?

- No  
 Yes

If yes please describe:

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Do you have any previous experience working with special needs individuals?

- No  
 Yes

If yes please describe:

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Please list any of your special skills, talents, interests you think may be beneficial to the program:

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Additional comments: \_\_\_\_\_