



VOLUNTEER FORM
Release of Liability

All *Best of Friends* volunteers, or if the volunteer is under age 18, the volunteer's parent or guardian, **MUST** sign both pages of the following release from liability before participating in *Best of Friends* activities. It is known and recognized that any activity involving horses and ponies presents certain risks. Volunteer activities are undertaken knowing the unpredictable nature of horses and accepting the intrinsic dangers of all equine activities. **NO LIABILITY will be accepted by BEST OF FRIENDS or any associated organization.**

The undersigned volunteer, (Print Volunteer NAME) _____ does release, acquit, discharge, and hold harmless, *Best of Friends*, its officers, its board of directors, instructors, volunteers, agents, representatives, successors, and assigns, for all manner of claims, demands and damages of every kind of nature whatsoever which the undersigned may now or in the future, have against *Best of Friends*, its officers, its board of directors, instructors, volunteers, agents, representatives, successors, and assigns, including but not limited to, their negligence or gross negligence, in association with any and all activities for *Best of Friends* or in any way incidental to such activities.

Dated this _____ day of _____, 20_____

PRINT Name of Volunteer: _____

Contact Info: Address: _____

Phone Number: _____ E-mail: _____

Signature(s) _____

(Parent or Guardian must sign for volunteers under the age of 18.) Please check here if a parent or guardian is signing for above named volunteer _____.

Clearance Requirements: For Adult Volunteers -- Please indicate if you have received your Act 34 and 151 clearances from the State of PA. Please be advised that it is now required that you have these clearances to work with children under the age of 18. *Best of Friends* is also now requiring that you obtain these clearances prior to volunteering with our program.

I do ____ or do not ____ have Act 34 and 151 clearances for the current 20__ year.
Best of Friends Volunteer Release Form (2nd page)

Photo Release: I hereby authorize the use and reproduction by *Best of Friends* of any and all photographs or other audiovisual materials taken of me, my son, daughter, or ward for promotional programs, commercials and printed materials, educational activities, exhibitions or any other use for the benefit of the *Best of Friends* program.

Dated this _____ day of _____, 20_____

Print Name: _____ Signature: _____
(Parent or guardian must sign if volunteer is under 18 years of age. Please check here if a parent or guardian is signing for the above named volunteer _____)

Medical Information – Emergency Treatment & Release Form

Please print:

Volunteer Name: _____

Parent(s) or guardian(s) Names: _____

Address: _____, City _____, State _____. Zip _____

Phone Number: _____ E-mail: _____

Physician's name: _____ Health Insurance Co. _____

Physician's address: _____

Name of person authorized to give temporary assistance or care in the absence of

Parent/guardian: _____

Preferred Medical Facility: _____

In case of medical emergency, the undersigned authorizes *Best of Friends* to provide such medical assistance as they determine to be necessary. The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the volunteer, including anesthetic, which they determine necessary or advisable, pending receipt of a specific consent from the undersigned.

Although every effort will be made to avoid accidents, NO LIABILITY can be accepted by any of the organizations involved, including *Best of Friends*.

Yes, I (print name) _____

Would like to be a volunteer for *Best of Friends*. I understand that NO LIABILITY can be accepted by any organization involved, including *Best of Friends*, in the event of any accident which may occur.

Signature: _____ Date: _____

Parent or Guardian Signature if under age 18: _____