



PATH
INTERNATIONAL

Professional Association of Therapeutic
Horsemanship International



Banbury Cross

Therapeutic Equestrian Center

2016 Volunteer Information Form

Name: _____ email: _____

Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Work) _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Address: _____

If student, name of school: _____

How did you learn about Banbury Cross? _____

Photo Release

I consent and authorize the use and reproduction by Banbury Cross Therapeutic Equestrian Center of any and all photographs and any other audio-visual materials taken of me for promotional material, education activities, exhibitions or for any other use for the benefit of the program.

Date: _____ Signature: _____

Volunteer, or Parent/Legal Guardian, if volunteer is under 18 years old

VOLUNTEER LIABILITY RELEASE

As a volunteer at Banbury Cross Therapeutic Equestrian Center, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with 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 Banbury Cross Therapeutic Equestrian Center, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in Banbury Cross Therapeutic Equestrian Center's program.

Under the Michigan Equine Activity Liability Act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

Date: _____ Signature: _____

Volunteer, or Parent/Legal Guardian, if volunteer is under 18 years old