



**APPLICATION, LIABILITY & RELEASE AGREEMENT
FOR FREEDOM RIDE FARMS VOLUNTEERS**

2522 South Porter Road, Breckenridge, MI ~ 989-492-4555 ~ Email: freedomridefarm@gmail.com

Thank you for your interest in volunteering with FRF. We are honored and appreciate your assistance. Completing this application does not guarantee a volunteer position with Freedom Ride Farms. You will need to consent to a background check to ensure there are no preclusions from working with children. The safety of our participants and volunteers is of the utmost importance. Upon review of your application you will be contacted for additional information, a farm tour, and training information seminar.

Volunteer Name: _____ Birthdate: _____ Age: _____

Address: _____ City: _____ County: _____

State: _____ Zip: _____ Email: _____

Phone numbers: Home: _____ Work: _____ Cell: _____
Other: _____

Organization (if applicable) _____

Interested in volunteering for:

<input type="checkbox"/> Animal Care	<input type="checkbox"/> Side Walker	<input type="checkbox"/> Offsite Events
<input type="checkbox"/> Camp Counselor	<input type="checkbox"/> Photography	<input type="checkbox"/> Grounds Maintenance

Please list any skills you have working in the following areas(attach separate sheet if necessary)

Childhood Development: _____
 Large Animal Handling: _____
 Non-profit organizations: _____
 Physical or Occupational Therapy: _____
 Other: _____

PHOTO RELEASE

I _____ DO
 _____ DO NOT

Consent to and authorize the use and reproduction by Freedom Ride Farms of any and all photographs, videotape, audio tape and any other audio visual materials taken of me.

Printed name _____

Signature: _____ Date: _____

(Participant, or parent/guardian if a minor)

Start Date: _____

RELEASE OF LIABILITY (please read carefully)

I, _____ (client's name), would like to volunteer at Freedom Ride Farms a Michigan non-profit corporation. In connection with such a program, I acknowledge that horseback riding is, by its very nature, a risk activity. Horses can behave unpredictably without warning and can cause injury, harm or death to persons around them. For example, a loud noise, sudden movement or unfamiliar person or animal can cause a horse to be frightened and buck, bite, or kick. If I am around a horse in this condition, the horse could behave unpredictably and I could become injured as a result.

MINDFUL OF THIS RISK, I NEVERTHELESS BELIEVE THAT THE BENEFITS OF VOLUNTEERING AT FREEDOM RIDE FARMS TO MYSELF ARE OF VALUE (continued).

Accordingly, in consideration of being on the premises of Freedom Ride Farms, being near horses and farm animals at Freedom Ride Farms, and allowed to ride, and intending to be legally bound, I agree:

1. On behalf of myself, my heirs, representatives and assigns and, as applicable, my ward or my minor child, I hereby release and discharge Freedom Ride Farms; including its officers, directors, employees, agents, instructors, contractors all lawsuits, actions, damages, claims and liability whatsoever. Including death, and property damage or loss, which arise from or are in any way related to engaging in volunteer activity at Freedom Ride Farms, including but not limited to assisting therapeutic riding clients.
2. I further agree that this release and discharge of liability applies regardless of the legal cause of action on which my claim is based, including contract, strict liability, negligence, tort or any alleged violation of the Michigan Equine Liability Act (PA 1994 No. 351). I intend that my release and discharge includes all claims for damages resulting from the negligent act or omission of Freedom Ride Farms, including its officers, directors, employees, agents, instructors, contractors, riders and other volunteers, excepting only the sole gross negligence or sole willful and wanton misconduct of these parties.
3. I agree that this release of liability shall be governed by Michigan law and I acknowledge that the release exceeds the provisions of the Michigan Equine Liability Act because I am releasing Freedom Ride Farms and its related parties for all damages, liability and causes of action, except only those for sole gross negligence or sole willful and wanton misconduct.
WARNING: I UNDERSTANT THAT 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.
4. I have read and understand this release of liability. I hereby sign this release freely, knowingly and without coercion by anyone.

Date: _____
Signature of Volunteer, or if a minor, his/her parent or guardian

Printed name of Volunteer or if a minor, his/her parent or guardian