



Volunteer Information Form

Name: _____ DOB: _____ Email: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Parent/Guardian Name & Address (if applicable) _____

If student, name of school: _____

How did you learn about Magic in Motion? _____

Check areas of interest to you:

Program Volunteer

- Leading a horse
- Sidewalking
- Stable Management

Competition

- Horse Show
- Away Horse Shows
- Ride-A-Thon
- Special Olympics

Administration

- Public Relations
- Fundraising
- Newsletter
- Volunteer Recruitment
- Photography/video
- Budget/Finance
- Future Planning

Volunteer Liability Release:

As a volunteer at the Magic in Motion Therapeutic Riding 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, y heirs and assigns, executors or administrators, waive and release forever all claims for damages against the Magic in Motion Therapeutic Riding 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 this program.

Date: _____ Signature: _____

WARNING: Under Iowa law, a domesticated animal professional is not liable for damages suffered by, an injury to, or the death of a participant resulting from the inherent risks of domesticated animal activities, pursuant to Iowa Code Chapter 673. You are assuming inherent risks of participating in this domesticated animal activity.

_____ This contract will remain in effect until otherwise noted.

Photo Release:

I consent to and authorize the use and reproduction by Magic in Motion 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.

Date: _____ Signature: _____