

Alison Brown, SBCPRD-SSF Program Supervisor
Statesboro-Bulloch Co. Parks & Recreation
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Volunteer/Staff Information

General Information

Name: _____

Address: _____

Date of Birth: _____ E-mail Address: _____

Phone: (Home) _____ (Cell) _____

Parent/Legal Guardian Name and Address: _____

How did you learn about the program? _____

Do you have any horsemanship experience? If so, please list _____

Liability Release/Confidentiality Information Agreement

I acknowledge the risks and potential for risks of working around horses and/or participating in construction, landscaping, working with power tools and farm machinery, and other volunteer activities. However, I feel that the possible benefits to myself and the riders 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 Stirrup Some Fun and Statesboro-Bulloch County Parks and Recreation Department, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating in Stirrup Some Fun and Statesboro-Bulloch County Parks and Recreation Department.

VOLUNTEERS SHALL COMPLY WITH ALL POLICIES AND PROCEDURES OF STIRRUP SOME FUN AND THE STATESBORO-BULLOCH COUNTY PARKS AND RECREATION DEPARTMENT AND TAKE NO ACTIONS THAT COULD JEOPARDIZE PARTICIPANTS, THEMSELVES, OTHER VOLUNTEERS, STAFF, OR THE HORSES.

I understand that all information (written and verbal) about riders at this facility is confidential and will not be shared with anyone without the expressed consent of the rider and their parent/guardian in the case of a minor.

Signature: _____ Date: _____

(To be signed by volunteer/staff or parent/guardian if volunteer is under 18 years of age)

