



# Camp Liberty, Inc.

Equine Assisted Services for Veterans & First Responders

Mailing address: 5 Lakeview Dr, Bushnell, IL 61422

## Volunteer Registration

This registration form is for (check one):  Volunteer  Visitor

Application date: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell: (    ) \_\_\_\_\_ Work: (    ) \_\_\_\_\_

Home: (    ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

If minor (under 18) please provide the following information:

Parent/Guardian name: \_\_\_\_\_ Home or Cell: (    ) \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_



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## Photo Release

I authorize Camp Liberty, Inc to use any and all photographs or any other audio/visual materials taken of me for promotional, educational activities, exhibitions or for any other use for the benefit of the program.

Consent signature: \_\_\_\_\_ I do not consent: \_\_\_\_\_

T-Shirt size: \_\_\_\_\_

**Medical Emergency** - In the event emergency medical aid or treatment is required due to illness or injury during the process of receiving services or while being on the property of Camp Liberty, I authorize Camp Liberty, Inc to secure and retain medical treatment and transportation if needed. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment. This Authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed lifesaving by the physician. This provision will only be invoked if the person(s) named below is unable to be reached. If you do not consent, please provide written information on your desired procedures in case emergency medical aid/treatment is needed.

Consent signature: \_\_\_\_\_ I do not consent: \_\_\_\_\_

**Adult or Parent/Guardian signed in the presence of staff**



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**In the event of an emergency please contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency information: Nearest medical facility is assumed if no information is entered.**

Physician's Name: \_\_\_\_\_

City: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

\_\_\_\_\_



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## **Sidewalkers and horse leaders please check the following:**

\_\_\_\_\_ I can walk for 60 minutes and occasionally jog 50 yards.

\_\_\_\_\_ I can hold my arm at shoulder height and support a modest weight.

\_\_\_\_\_ I have the following physical limitations: \_\_\_\_\_

\_\_\_\_\_ I have a medical condition that you should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I have owned a horse.

## **What day will you be available for volunteering? Please indicate AM or PM.**

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

## **Check areas of interest:**

- Side Walking
- Horse Leading
- Horse Grooming/Tacking
- Photography/Video
- Public Relations
- Social Media Management
- Facility Repairs/Grounds Keeping

## Background Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell: (     ) \_\_\_\_\_

(W): (     ) \_\_\_\_\_ (H): (     ) \_\_\_\_\_

Have you ever been charged with or convicted of a crime? Y N Please explain:

I, \_\_\_\_\_ (volunteer/staff), authorize Camp Liberty, Inc to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize Camp Liberty, Inc., its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(volunteer/staff)

Current Driver's License: Y N License Number: \_\_\_\_\_ State: \_\_\_\_\_

**Confidentiality Agreement:** I understand that all information (written and verbal) about participants at Camp Liberty, Inc is confidential and will not be shared with anyone without the expressed written consent of the participant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(volunteer/staff)



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## Release, Indemnification and Waiver of Liability

In conformity with the Illinois law, Equine Liability Act, PA 89-111, effective in Illinois since 1995. This below release is a document that a person signs before taking control of an equine from the owner or owner's agent. A signed release acknowledges that the person is aware of the inherent risks associated with equine activities and is willing and able to accept full responsibility for his/her own safety and welfare and releases the equine owner or agent from liability unless the owner is grossly negligent or commits willful, wanton, or intentional acts or omissions. Riding and handling horses can be dangerous. Please initial each paragraph below. This form must be completed and signed before you can receive any lessons and/or volunteer.

\_\_\_\_ I affirm that I have read and understood this Waiver completely. By signing below, and by initialing each paragraph, I agree to every term and condition of this Waiver.

\_\_\_\_ I wish to receive and participate in the horsemanship/equitation and horseback riding lessons program provided by CAMP LIBERTY, INC., a 501(c)(3) nonprofit.

\_\_\_\_ **WARNING:** Under the Illinois Equine Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from equine activities. Risk of engaging in equine activities means those dangers of conditions that are an integral part of equine activities, including but not limited to (1) the propensity of an equine to behave in ways that may result in injury, harm, or death to persons on or around them, (2) the unpredictability of an equine's reactions to sounds, movement, and objects, persons, other animals, or other things, (3) certain hazards such as surface and subsurface conditions, (4) collisions with other equines or objects, and (5) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability.

\_\_\_\_ I acknowledge and understand that I may fall off a horse or may be thrown off a horse. I knowingly and voluntarily accept and agree that I will **not** hold CAMP LIBERTY, INC., or the instructor liable for my injuries, my own property damage, or damage to the property of another, or other loss, or death related to my learning of a new activity as part of my horseback riding lessons/training. I understand and agree that an instructor may not be held liable for any injuries that his/her participants suffer, as there are inherent risks in equine activities.

\_\_\_\_ I am aware and understand that the equine, the horse, may behave in an unpredictable and irrational manner, regardless of its training or past performance. A horse may be hard to handle and can, without warning or any apparent cause, stop short, change directions or speed, shift its weight, buck, stumble, fall, rear, bite, kick, run, spook, jump obstacles, step on a person's feet, push or shove a person, fight with another horse, or make other unexpected or erratic movements. In addition, equipment may fail, saddle, cinches, and/or bridles may loosen, shift, or break. Any of these conditions may cause serious bodily harm or death. I understand that the above-mentioned hazards and risks are described as examples only as there are numerous other hazards and risks inherent in equine activities, but also from actions, including but not limited to non-riding activities such as approaching, handling, leading, or walking near equines as well as other hazards and/or conditions at the training facility and immediate training area. Furthermore, I understand that the riding arenas/round pens, and tack storage areas may not be maintained and I expressly release CAMP LIBERTY, INC., from any liability for any negligent maintenance of these areas, including but not limited to, the instruction area, the facility and stable premises, or any natural and/or man-made conditions found at the CAMP LIBERTY, INC. facility.

\_\_\_\_ I, on behalf of myself, my family, my heirs, successors and assigns, and anyone claiming any interest through me or on my behalf, knowingly, intentionally, and voluntarily waive, release, indemnify, and agree to hold harmless CAMP LIBERTY, INC., and its employees and/or staff, board members, volunteers, sponsors, partners, owners, and/or agents, and all other persons or entities with a property interest, vested or unvested, in CAMP LIBERTY, INC., from any such actions, suits, claims, damages, and liability, including attorney fees and costs, that I, my family, heirs, successors, assigns, and anyone claiming interest through me, may have for any loss, damage, injury, paralysis, or death to myself or any other person or property arising out of my participation in horseback riding training and related equine activities and out of my entrance onto and/or use of the equine facility and premises, whether such a loss, damage, injury, paralysis or death results from the negligence of CAMP LIBERTY, INC., and/or its agents and employees or from some other cause.

\_\_\_\_ I hereby agree to follow any safety policies, warning signs, or rules that I am advised of, either verbally and/or in writing by CAMP LIBERTY, INC., and/or its agents. In addition, I understand that I have been advised to wear a horseback riding helmet while receiving riding

instruction from CAMP LIBERTY, INC., and its instructors. I acknowledge and agree that this helmet wearing requirement is mandatory. I voluntarily assume the risk of injury, death, or any other loss if I fail to wear a horseback riding helmet at any time during my lessons.

\_\_\_\_ I certify that I am of lawful age (18 years of age) and am legally competent to sign this Waiver, or that I have acquired the written and/or oral consent of the parent or guardian to sign the below waiver. I understand these terms are contractual and not a mere recital, and that I have signed this document as my own free act. If any part of this Waiver is held unenforceable, such part will be stricken and the remainder of this Waiver will continue to be in full force and effect. This waiver is to be construed, interpreted, and governed in accordance with the Illinois law.

\_\_\_\_ This Waiver contains the entire agreement of the parties. No other agreement, statement or promise made on or before the effective date of this agreement is binding on the parties.

**ANY MEDICAL EXPENSES INCURRED DUE TO ANY TYPE OF ACCIDENT AT CAMP LIBERTY, INC., ARE THE RESPONSIBILITY OF THE UNDERSIGNED THROUGH THEIR OWN INSURANCE CARRIERS.** If you do not have your own insurance, then you are not allowed to ride at this facility. Under the Equine Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and the legal responsibility for injury, loss, or damage to person or property resulting from the risks of equine activity.

Printed Name of Participant or Volunteer:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Parent/Legal Guardian if under age 18)

Witness: \_\_\_\_\_

Skill Level (Check One):  Beginner  Intermediate  Advanced