

Volunteer Registration Packet

Camp Marshall

92 McCormick Rd Spencer MA, 01562

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City/State/Zip: _____ Cell Phone: _____

Email: _____ DOB: _____

How did you hear about Camp

Marshall? _____

Guardian Name and Number: _____

Please Circle all areas you may be interested in volunteering:

Barn Volunteer

Administrative

Special Events

Leading a horse in a lesson

Community Outreach

Horse Shows

Sidewalking in a lesson

Fundraising

Programming

Grooming/Tacking for lesson

Volunteer Recruitment

Rentals

Stable Chores

Board Member

Projects

Facility Maintenance

General Office Work

Photography and Video

Future Planning

Do you have access any services that may be beneficial to Camp Marshall?

Do you have any certifications? _____

Are you certified in CPR and First Aid? _____ Date Expires: _____

Please list days and times you may be interested/available to volunteer:

<u>Day</u>	<u>Time</u>
Sunday:	_____
Monday:	_____
Tuesday:	_____
Wednesday:	_____
Thursday:	_____
Friday:	_____
Saturday:	_____

If volunteering in barn do you have any prior horse experience? Please Explain.

Do you have any experience working with individuals with mental, emotional, or physical disabilities?

For Office Use Only:

Grooming and Tacking Training: Date Completed: _____

Leading and Side Aiding Training: Date Completed: _____

CORI SORI: Date Completed: _____

Authorization for Emergency Medical Treatment Form

Participant

Staff

Volunteer

Name: _____ DOB: _____

Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current

medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize _____ to:

1. Secure and retain medical treatment and transportation if needed.
2. 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 "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____

Consent Signature: _____

Client, Parent or Legal Guardian

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

- Parent or legal guardian will remain on site at all times during equine assisted activities
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____

Consent Signature: _____

Client, Parent or Legal Guardian

Waiver of Liability

The volunteer understands that the scope of the Volunteer's relationship with Camp Marshall is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer, that Camp Marshall will not provide any benefits traditionally associated with coverage in the event of personal injury or illness as a result of the Volunteer's services to Camp Marshall.

1. Waiver and Release: I, the volunteer, release and forever discharge and hold harmless Camp Marshall and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Camp Marshall. I understand and acknowledge that this Release discharges Camp Marshall from any liability or claim that I may have against Camp Marshall with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Camp Marshall or occurring while I am providing volunteer services.

2. Insurance: Further, I understand that Camp Marshall does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Camp Marshall.

3. Medical Treatment: I hereby release and forever discharge Camp Marshall from any claim whatsoever which arises or may hereafter arise on account of any first aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Camp Marshall.

4. Assumption of Risk: I understand that the services I provide to Camp Marshall may include activities that may be hazardous to me, such as construction work or other hazardous activities. As a Volunteer, I hereby expressly assume the risk of injury or harm from these activities and release Camp Marshall from all liability for injury, illness, death or property damage resulting from the services I provide as a Volunteer or occurring while I am providing volunteer services.

5. Photographic Release: I grant and convey to Camp Marshall all right, title and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by Camp Marshall in connection with my providing volunteer services to Camp Marshall.

6. Other: As a volunteer, I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Massachusetts and that this release shall be governed by and interpreted in accordance with the laws of the State of Massachusetts. I agree that in the event that any clause or provision of this release is deemed invalid, the enforceability of the remaining provisions of this release shall not be affected.

By providing a signature below, I express my understanding and intent to enter into this release and waiver of liability willingly and voluntarily.

Signature: _____ Date: _____

HORSE PROGRAMS HOLD HARMLESS RELEASE FORM

The Undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury, death, and physical harm to rider, horse and spectator. In consideration, therefore, for the privilege of riding, working around horses, riding lessons, boarding, training, any horse related activities or visiting at WORCESTER COUNTY 4-H CENTER located at 92 McCORMICK ROAD, SPENCER, MA.

The Undersigned does hereby agree to hold harmless and indemnify CAMP MARSHALL, owners of CAMP MARSHALL, Board Members, Directors, and Instructors, and further release them from any liability or responsibility for accident, damage, injury, death, or illness to the Undersigned or to any horse owned or leased by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises. This is to include any coaching at any trial event, trail ride, horse show or summer horse camp. Any trucking done by CAMP MARSHALL owner of horse will hold ALL insurance (injury, illness or death) on horse being transported by WORCESTER COUNTY 4-H CENTER, CAMP MARSHALL

Participant Signature Date

_____ Print Participant Name, Address, and Phone #

_____ Email Address

_____ Signature of Parent or Guardian

_____ Signature of Worcester County 4-H Center

Warning: Under Massachusetts Law, an equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant of Chapter 128, Section 2D of the General Laws.

