

Volunteer Application

General Information

Name:			
City:	State:	Zip Code:	Phone:
Date of Birth:	E	-mail:	
Availability:			
Weekday morningWeekday afternoonsWeekday evenings	Weeker Weeker Weeker	nd afternoons	
Areas of interest:			
Volunteer Program	Barn Dad/Mom*	Mentoring*	Other
		*Afte	er completion of Volunteer program
Medical Information			
Date of Last Tetanus Shot:			
Allergies (including allergie	s to medications):		
Medications:			
Emergency Contact:		Phone #	

Authorizations/Waivers/Releases

Background Information

I authorize Diamonds in the Rough Rescue to receive information from any law enforcement agency, including police departments and sheriff's departments, of the 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.

I understand that this access is for the purpose of the consideration of my application as a Volunteer and that Diamonds in the Rough, its directors, officers, employees, or other volunteers will not disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Driver's License Number:	State:
Name:	
Signed:	Date:
Photographs and Videos	
Diamonds in the Rough Rescue. I hereby consent to and/or videos of me in connection with publicizing of services, or departments and agencies. I acknowledge photographs and/or videos and will therefore not recovideos. I understand that I have the right to withdraw and/or video that have already been taken and have be public information material whether on social median	hotographed or videotaped while volunteering with the the Diamonds in the Rough Rescue using photographs or promoting the Diamonds in the Rough Rescue, its ge and agree that I have no ownership rights in or to those series any remuneration for use of said photographs and/or withis consent at any time, but that any photographs, audio seen used in a brochure, or other printed or electronic a or otherwise may continue to be used in that manner. Goregoing, fully understand the meaning and effect thereof
Name:	_
Signed:	Date:
I do not consent:	
Name:	-
Signed:	Date:

DIAMONDS in the ROUGH RESCUE, Inc. WAIVER, RLEASE, and INDEMNITY AGREEMENT

VOLUNTEER STATUS/INSURANCE: I understand and acknowledge that while participating as a Volunteer, I am not an employee of the Diamonds in the Rough Rescue, Inc. I am not entitled to any employee or other benefits from the Diamonds in the Rough Rescue such as health or accident insurance, workers' compensation benefits, or compensation. I understand it is my responsibility, if desired, to provide my own health, disability, liability or accident insurance to cover my claims or damages from any injury, illness, death or property damage I suffer while performing volunteer work for the Diamonds in the Rough Rescue.

ASSUMPTION OF RISK: THIS EQUINE ACTIVITY LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS AGREEMENT (the "WAIVER and RELEASE") is hereby given by the undersigned to DIAMONDS in the ROUGH RESCUE, Inc. ("DITR").

I hereby acknowledge that participating or engaging in equine activities can be dangerous and that there are inherent risks, which risks include bodily injury, or even death, from using, riding or being in close proximity to horses. Per the Equine Activity Liability Act of Virginia (Va. Code 3.2-6200 et. seq.), I hereby acknowledge that I have full and complete notice and understanding that there are certain inherent dangers of equine activities that are an integral part of equine activities; SUCH INHERENT DANGERS OF EQUINE ACTIVITIES INCLUDE: (I) THE PROPENSITY OF EQUINES TO BEHAVE IN WAYS THAT MAY RESULT IN INJURY, HARM, OR DEATH TO PERSONS ON OR AROUND THEM; (II) THE UNPREDICTABILITY OF AN EQUINE'S REACTION TO SUCH THINGS AS SOUNDS, SUDDEN MOVEMENT, AND UNFAMILIAR OBJECTS, PERSONS, OR OTHER ANIMALS; (III) CERTAIN HAZARDS SUCH AS SURFACE AND SUBSURFACE CONDITIONS; (IV) COLLISIONS WITH OTHER ANIMALS OR OBJECTS; AND (V) THE POTENTIAL OF A PARTICIPANT ACTING IN A NEGLIGENT MANNER THAT MAY CONTRIBUTE TO INJURY TO THE PARTICIPANT OR OTHERS, SUCH AS FAILING TO MAINTAIN CONTROL OVER THE EQUINE OR NOT ACTING WITHIN THE PARTICIPANT'S ABILITY.

As an inducement to DITR to allow my participation (and/or my minor child's/ward's participation, if applicable) in equine activities sponsored or organized by DITR, at facilities provided by, owned by or arranged for by DITR, I (for myself, or on behalf of my minor child/ward, if applicable) hereby RELEASE and WAIVE, to the fullest extent allowable under the Equine Activity Act of Virginia and other applicable law, all rights which I (or my minor child/ward, as applicable), or my heirs, administrators, executors or personal representatives, may have against DITR, Richard and Sonja Reuter, Merry Oaks Stables LLC., Reuter LLC., and their respective employees, agents, leaders, instructors, contractors, sponsors, officials, representatives, board members, executive officers, directors, and volunteers as well as the owners or operators of any property on which the sponsored equine activities take place (collectively the "Released Parties"), and RELEASE the Released Parties from liability, for death, bodily and personal injury, and/or property damage which is in any way associated with, arising from or related to the aforesaid equine activities. I hereby further WAIVE, to the fullest extent allowable under the Equine Activity Act of Virginia and other applicable law, my right (and/or my minor child/ward's right) to sue or to bring any action against any of the Released Parties in connection therewith, and I agree to INDEMNIFY and DEFEND the Released Parties from, and to HOLD the Released Parties HARMLESS against, any suit or action arising from or related to the aforesaid equine activities.

I hereby agree that I (or my minor child/ward, if applicable) have participated voluntarily in the aforesaid equine activities and expressly ASSUME ALL RISKS and dangers of death, bodily and personal injury and property damage which are in any way associated with the risks and inherent dangers related to equine activities enumerated above. If any clause or provision of this Waiver and Release is held to be invalid by a court of competent jurisdiction, the invalid clause or provision shall not otherwise affect the remaining provisions of this

DIAMONDS in the ROUGH RESCUE, Inc. WAIVER, RLEASE, and INDEMNITY AGREEMENT (continued)

Waiver and Release which shall continue to be enforceable. This Waiver and Release shall be governed by and construed under the laws of the Commonwealth of Virginia.

I have been advised that I (for myself, or on behalf of my minor child/ward, if applicable) am/is to wear a properly fastened, ASTM/SEI Certified protective helmet and hard-soled, heeled footwear at all times while riding or otherwise coming in contact with horses, and expressly assumes the risk of injury resulting from failure to do so and/or from selecting headgear or footwear which does not adequately protect against injury.

By signing this agreement and volunteering for the Diamonds in the Rough Rescue, Inc., I hereby fully and forever release and discharge DITR, Richard and Sonja Reuter, Merry Oaks Stables LLC., Reuter LLC., and their employees, agents, leaders, instructors, contractors, sponsors, officials, representatives, board members, executive officers, directors, and volunteers from and against all claims, demands, loss or injury to my person or property incurred through negligence, or other acts or omissions, however caused by myself or by an employee, agent, leader, instructor, contractor, sponsor, official, representative, board member, executive officer, director, or volunteer of the above as a result of, or during my participation in volunteer services.

I HAVE FULLY READ AND UNDERSTAND THE FOREGOING WAIVER AND RELEASE AND UNDERSTAND THAT IT AFFECTS MY LEGAL RIGHTS. MY SIGNATURE, VOLUNTARILY GIVEN BELOW, EVIDENCES MY AGREEMENT TO THE TERMS AND CONDITIONS STATED ABOVE.

NAME (print):	
ADDRESS:	
SIGNATURE:	DATE:
If under the age of 18 BOTH PARENTS	with LEGAL CUSTODY must sign:
MINOR NAME (print):	
PARENT/LEGAL GUARDIAN NAME (print):	
PARENT/GUARDIAN SIGNATURE:	DATE:
PARENT/LEGAL GUARDIAN NAME (print):	
PARENT/GUARDIAN SIGNATURE:	DATE:

MERRY OAKS STABLES, LLC WAIVER, RELEASE, and INDEMNITY AGREEMENT

THIS EQUINE ACTIVITY LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS AGREEMENT (the "WAIVER and RELEASE") is hereby given by the undersigned to MERRY OAKS STABLES, LLC ("the STABLES").

I hereby acknowledge that participating or engaging in equine activities can be dangerous and that there are inherent risks, which risks include bodily injury, or even death, from using, riding or being in close proximity to horses. Per the Equine Activity Liability Act of Virginia (Va. Code 3.2-6200 et. seq.), I hereby acknowledge that I have full and complete notice and understanding that there are certain inherent dangers of equine activities that are an integral part of equine activities; SUCH INHERENT DANGERS OF EQUINE ACTIVITIES INCLUDE: (I) THE PROPENSITY OF EQUINES TO BEHAVE IN WAYS THAT MAY RESULT IN INJURY, HARM, OR DEATH TO PERSONS ON OR AROUND THEM; (II) THE UNPREDICTABILITY OF AN EQUINE'S REACTION TO SUCH THINGS AS SOUNDS, SUDDEN MOVEMENT, AND UNFAMILIAR OBJECTS, PERSONS, OR OTHER ANIMALS; (III) CERTAIN HAZARDS SUCH AS SURFACE AND SUBSURFACE CONDITIONS; (IV) COLLISIONS WITH OTHER ANIMALS OR OBJECTS; AND (V) THE POTENTIAL OF A PARTICIPANT ACTING IN A NEGLIGENT MANNER THAT MAY CONTRIBUTE TO INJURY TO THE PARTICIPANT OR OTHERS, SUCH AS FAILING TO MAINTAIN CONTROL OVER THE EQUINE OR NOT ACTING WITHIN THE PARTICIPANT'S ABILITY.

As an inducement to the STABLES to allow my participation (and/or my minor child's/ward's participation, if applicable) in equine activities sponsored or organized by the STABLES, at facilities provided by, owned by or arranged for by the STABLES, I (for myself, or on behalf of my minor child/ward, if applicable) hereby RELEASE and WAIVE, to the fullest extent allowable under the Equine Activity Act of Virginia and other applicable law, all rights which I (or my minor child/ward, as applicable), or my heirs, administrators, executors or personal representatives, may have against the STABLES, their respective employees, agents, directors, agencies, members and representatives as well as the owners or operators of any property on which the sponsored equine activities take place (collectively the "Released Parties"), and RELEASE the Released Parties from liability, for death, bodily and personal injury, and/or property damage which is in any way associated with, arising from or related to the aforesaid equine activities. I hereby further WAIVE, to the fullest extent allowable under the Equine Activity Act of Virginia and other applicable law, my right (and/or my minor child/ward's right) to sue or to bring any action against any of the Released Parties in connection therewith, and I agree to INDEMNIFY and DEFEND the Released Parties from, and to HOLD the Released Parties HARMLESS against, any suit or action arising from or related to the aforesaid equine activities.

I hereby agree that I (or my minor child/ward, if applicable) have participated voluntarily in the aforesaid equine activities and expressly ASSUME ALL RISKS and dangers of death, bodily and personal injury and property damage which are in any way associated with the risks and inherent dangers related to equine activities enumerated above. If any clause or provision of this Waiver and Release is held to be invalid by a court of competent jurisdiction, the invalid clause or provision shall not otherwise affect the remaining provisions of this Waiver and Release which shall continue to be enforceable. This Waiver and Release shall be governed by and construed under the laws of the Commonwealth of Virginia.

I have been advised that I (or my minor child/ward, if applicable) am/is to wear a properly fastened, ASTM/SEI Certified protective helmet and hard-soled, heeled footwear at all times while riding or otherwise coming in

MERRY OAKS STABLES, LLC WAIVER, RELEASE, and INDEMNITY AGREEMENT (continued)

contact with horses, and expressly assume the risk of injury resulting from failure to do so and/or from selecting headgear or footwear which does not adequately protect against injury.

I HAVE FULLY READ AND UNDERSTAND THE FOREGOING WAIVER AND RELEASE AND UNDERSTAND THAT IT AFFECTS MY LEGAL RIGHTS. MY SIGNATURE, VOLUNTARILY GIVEN BELOW, EVIDENCES MY AGREEMENT TO THE TERMS AND CONDITIONS STATED ABOVE.

NAME (print):	
ADDRESS:	
SIGNATURE:	DATE:
If under the age of 18 BOTH PARENTS	with LEGAL CUSTODY must sign:
MINOR NAME (print):	
PARENT/LEGAL GUARDIAN NAME (print):	
PARENT/GUARDIAN SIGNATURE:	DATE:
PARENT/LEGAL GUARDIAN NAME (print):	
PARENT/GUARDIAN SIGNATURE:	DATE: