

Courage Reins Farm  
Volunteer Application and Release Form

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Name of Parents/Guardians (if minor) \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Cell telephone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
Availability: \_\_\_\_\_  
Do you have any physical limitations? \_\_\_\_\_  
If so, please explain. \_\_\_\_\_  
Horse Experience: \_\_\_\_\_

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Liability Release and Hold Harmless

I, a volunteer, wish to participate in the Courage Reins Farm program in Monroe, WA. I understand this may be a high risk activity and I am participating at my own risk. I individually, and/or parent or guardian of a volunteer, hereby release and hold harmless Courage Reins Farm, and all members of the organization from all liability for accidents, damage, death, injury or illness to me suffered during or in connection with my volunteer work with Courage Reins farm.

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

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

Signature of Parent/guardian (if under 18)

Courage Reins Farm  
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