



August 13, 2017
Volunteer Registration Form

Volunteers needed for the following: set-up, registration, traffic control, timing, awards, cleanup

Volunteer Name: _____

Shirt size: S M L XL

Age: _____ Phone #: _____ Email: _____

Emergency Contact Name: _____

Relationship to Volunteer: _____

Phone #: _____ Email: _____

WARNING: READ CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS THAT MAY DEPRIVE YOU OF THE RIGHT TO SUE CROSSWINDS EQUESTRIAN CENTER AND OTHER PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT.

**WAIVER AND RELEASE OF LIABILITY,
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

IN CONSIDERATION for the opportunity to volunteer for Crosswinds Equestrian Center ("Crosswinds"), Trinity Equine Ltd., Hudson Valley Show Jumping and Sparrow's Nest of the Hudson Valley, Inc., I fully understand, appreciate and personally assume all risks incident to my volunteer activities. In consideration for this opportunity I also hereby voluntarily waive, release and hold harmless Crosswinds, Trinity Equine Ltd, Hudson Valley Show Jumping and Sparrow's Nest of the Hudson Valley, Inc., their directors, officers, agents, assigns, contractors, employees, and other volunteers, from any and all claims, causes of action, damages for bodily injury, death, losses, or expenses, that I may suffer as a result of, or in any manner connected with, directly or indirectly, my participation as a Trihoofalon volunteer.

I have read, fully understand and agree to the above disclaimer.

I authorize the use of my image in appropriate publicity materials.

Volunteer Signature: _____ Date: _____

Parental/Guardian Consent - Required if Volunteer is Under 18 Years Old

As the Parent and/or Legal Guardian to the minor identified above, I hereby accept and agree to all of the terms and conditions of this Agreement on behalf of the minor in connection with the minor's participation, as a volunteer, in the Event(s). If, despite this Agreement, I, or anyone on the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities which any may be incurred as the result of such claim.

Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____

Please Return by July 31, 2017 to:

Trihoofalon
Crosswinds Equestrian Center
17 Crosswinds Lane, Lagrangeville, NY 12540