



Volunteer/Visitor Information and Release

Name: _____ Date of Birth: _____ Primary Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Email: _____

Place of Employment: _____ Title: _____

If student, name of school: _____ Grade: _____

Parent/Guardian (if under 19 years of age): _____ Phone: _____

Emergency Contact: _____ Phone: _____

How did you hear about Acres for Joy, INC? _____

Liability release:

The above indicated participant would like to participate as a rider and or in the ranch program operated by Acres for Joy, INC. I acknowledge the risks and potential for risks of horse-assisted activities, including a horseback riding program. However, I feel that the possible benefits to myself, my son/daughter/ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Acres for Joy, INC., its volunteers and/or employees for any and all injuries and/or losses I/my son/daughter/ward may sustain while participating in this program. I further understand that Wisconsin law requires the following sentence to be printed on this waiver: ***Under this Wisconsin statute, a person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes.*** I understand that helmets must be worn while riding a horse and that closed toe shoes must be worn when working around horses.

Date: _____ Signature: _____

Parent or Guardian if participant is under 19 years of age

Photo release- please check one:

- I consent to and authorize the use and reproduction of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.
- I do not consent to the use and reproduction of photographs and other audio-visual materials taken of me or my child for any purpose.

Date: _____ Signature: _____

Parent or Guardian if participant is under 19 years of age

Confidentiality policy:

I agree to keep any information that I obtain while on the premises of Acres for Joy, INC. confidential. I understand that no identifying information about any program participant shall be shared with anyone other than Acres for Joy, INC. staff members. Furthermore, I agree not to probe any parent or child for information regarding their diagnoses, special circumstances, disabilities or other reasons for attending programs at Acres for Joy INC. I understand that doing any of these things could result in me being asked to leave the premises.

Date: _____ Signature: _____

Parent or Guardian if participant is under 19 years of age