

**CASEY'S PLACE ANIMAL SANCTUARY, INC.
VOLUNTEER INFORMATION**

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Work Phone: _____ Other: _____

Emergency contact information: _____

PLEASE NOTE THAT VOLUNTEERS MUST BE AT LEAST 18 YEARS OLD
AREAS OF INTEREST (Please circle those you are interested in)

Animal care General farm work Fund Raising Volunteer recruiter

Photography/Video Budget and Finance Future Planning

Please list any prior experience and/or skills you possess that you feel could benefit Casey's Place:

RELEASE AND WAIVER OF LIABILITY: READ CAREFULLY BEFORE SIGNING

In consideration for allowing me to participate in activities sponsored by Casey's Place Animal Sanctuary, Inc. (hereinafter "Casey's Place") and to enter upon the land on which such activities occur, I, for myself, my next of kin, my heirs, personal representatives, executors and administrators, do hereby release, forever discharge, and covenant not to sue Casey's Place, it's officers, directors, or members, lessees or owners of land upon which Casey's Place activities occur, Debra J. McPherson, John M. Hammitt, their agents, representatives, successors and assigns, and each and every related entity, even if not specifically named, (hereinafter "Releasees") from all liabilities, claims, actions, damages, costs or expenses which I may have against them arising out of or in any way connected with my participation in the activities sponsored by Releasees, or arising out of strict liability or ordinary negligence of Releasees which causes the undersigned injury, death, or property damages, including injuries which may be suffered by me before, during or after my entry upon the land or participation in such activities. I understand that this waiver includes any claims based on negligence, action or inaction of any of the Releasees. I voluntarily choose to participate in the activities sponsored by Releasees, and I acknowledge that I am not required to participate in the activities sponsored by Releasees or to enter upon the land upon which such activities take place.

I understand that my participation in the activities sponsored by Releasees may involve inherent danger from natural elements, tools and machinery which I appreciate and which risk I voluntarily assume because I choose to do so.

No oral representations or inducements have been made to me to sign this waiver/release. If any portion of this waiver/release is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect.

I hereby assume full responsibility for and risk of bodily injury, death or property damage due to the negligence of Releasees or otherwise.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY.

Date: _____ Signature: _____

Printed Name: _____

WARNING

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Photo release:

I consent to and authorize the use and reproduction by Casey’s Place Animal Sanctuary, Inc. of any and all photographs and any audio-visual materials taken of me for promotional materials, educational activities, exhibitions or any other use for the benefit of the programs.

Date: _____ Signature: _____

Printed Name: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:

In the event emergency medical treatment is required due to illness and/or injury while being on the property of the organization, I authorize Casey’s Place Animal Sanctuary, Inc. to secure and retain medical treatment and transportation if needed.

Physician’s Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co: _____ Policy #: _____

Consent Plan:

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed “life saving” by the emergency physician. This provision will only be invoked if the person listed as your emergency contact is unable to be reached.

Date: _____ Signature: _____

Printed Name: _____

Non-Consent Plan:

I DO NOT give my consent for emergency medical treatment in the case of illness or injury while being on the property of the organization. In the event emergency treatment is required, I wish the following procedures to take place:

Date: _____ Signature: _____

Printed Name: _____

CASEY'S PLACE POLICIES AND PROCEDURES

1. Wear appropriate clothing; hard shoes with closed toes and heels and clothes you don't mind getting dirty.
2. Use caution at all times working around animals. Consider safety first.
3. Do only the tasks you have signed up for and been trained to do.
4. Speak and look for a response before approaching an animal.
5. Never stand directly behind or in front of a horse.
6. Never wrap or tie anything attached to a horse around your body in any way.
7. Always use a halter and lead rope to lead a horse.
8. Never tie a horse using the reins; never connect a lead rope or cross tie to any part of a bridle.
9. Always tie a horse with a quick-release knot.
10. Pass behind a horse staying as close as possible.
11. If an animal appears to be ill or is injured, notify the person in charge immediately.
12. Keep barn, stall and pasture gates closed at all times.
13. Put trash in trash cans and clean up after yourself.
14. Do not leave tools, buckets or anything else lying around where an animal or volunteer could be injured.
15. Treat equipment with care and put everything back in its place when you are finished.
16. A horse must be tied if anyone is in the stall.
17. **SMOKING IN DESIGNATED AREAS ONLY. NO SMOKING WITHIN 50 FEET OF THE BARN.**