

ROAD TO INDEPENDENCE VOLUNTEER APPLICATION 596 Bradford Rd, Newport, NH 03773

rtidonkeys@gmail.com rti-aurora.org 603-454-6102

First Name	Last Name		
Address	Last Name		
Home phone	Cell phone		
Email Address	Best way to contact you?		
	Employer/School		
In the event of an e	mergency, please contact:		
Name:	PhoneRelationship:		
Name:	PhoneRelationship:		
Are you comfortable	k for 45 minutes? Yes No e working around donkeys/mules? Yes No ence with donkeys/mules? Yes No If yes, briefly explain		
	ence with people with differing abilities? Yes No If yes, briefly		
_	n convicted of a criminal offense? (Required) Yes No If yes, when and		
Check all areas you	would be interested in volunteering for.		
	Community Event- Donkey Visits to Nursing homes, schools, farmers markets and parades		
	Farm Assistance- Assist with programming at the farm and/or daily care of herd		
RTI Program Administration	Assist with Grant Writing needs		
	Assist RTI Board of Directors		
	Assist Executive Director with administrative tasks		
any and all photogr	Do I Do Not consent to and authorize the use and reproduction of raphs and any other audio/visual materials taken of me for promotional nal activities, exhibitions, or for any other use to benefit the program.		
Signature:	Date: Thank you		
	i nank you		



Liability Release Form

Road To Independence, Inc. 596 Bradford Road Newport, NH 03773 rtidonkeys@gmail.com

ATTENTION! Under New Hampshire law, a participant in equine activities assumes the risk of any injury, harm, damage, or death and any legal responsibility that may occur to participant resulting from the inherent risks associated with equine activities. Pursuant to R.S.A. 508:19, equine professionals are not liable for damages resulting from the inherent risks of equine activities.

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

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOU UNDERSTAND IT AND AGREE TO ITS' TERMS. BY SIGNING THIS AGREEMENT, YOU, YOUR CHILD, OR THE PERSON YOU HAVE GUARDIANSHIP OF ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR RECOVER DAMAGES IN CASE OF INJURY, DEATH, OR PROPERTY DAMAGES, FOR ANY REASON, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE STABLE, ITS OWNER, EMPLOYEES, VOLUNTEERS AND AGENTS ("THE RELEASEES") – ROAD TO INDEPENDENCE.

I (Legal Guardian/Parent,	on behalf of (RTI participant) in		
consideration for allowing (RTI Participant Nar	ne) to handle an equine and		
on behalf of myself, my child or our personal	l representatives, heirs, next-of-kin, spouses and		
assigns,	I HEREBY:		
Acknowledge that a horse or donkey may, without	out warning or any apparent cause, buck, stumble,		
trip, roll, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a			
person's feet, push or shove a person; saddles or bridles may loosen or break - all of which may			
cause the rider to fall or be jolted resulting in ser	rious injury or death.		

I ACKNOWLEDGE THAT EQUINE ACTIVITY IS AN INHERENTLY DANGEROUS ACTIVITY AND INVOLVES RISKS THAT MAY CAUSE SERIOUS INJURY AND IN SOME CASES DEATH, because of the unpredictable nature and irrational behavior of donkeys and mules, regardless of their training and past performance.

I Voluntarily assume the risk and danger of injury or death inherent in the handling of donkeys/mules and use of saddles, bridles, equipment and gear provided to me by the Releasees.

I Release, discharge and promise not to sue the Releasees for any loss, damage, injury (including death) or cost to my or my child's person or property arising out of riding or handling a donkey/mule, or use of saddles, bridles, equipment or gear provided by the Releasees.

I Indemnify and save and hold harmless the Releasees from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either my or my child's handling the donkey/horse and/or use of any halters, saddles, bridles, equipment or gear provided therewith resulting from or contributed to my own negligence.

I Expressly agree that the foregoing release and assumption of risk and indemnity agreement is governed by the laws of the State of New Hampshire and is intended to be as broad and inclusive as is permitted by New Hampshire law, and that in the event any portion of this Agreement is determined to be invalid or unenforceable for any reason, the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.

I Acknowledge that this document is a contract and agree that if a lawsuit is filed against the Releasees for any injury or damage in breach of this contract, I will pay all attorneys' fees and costs incurred by the Releasees in defending such an action.

I have read this document. I understand it is a promise not to sue and to release the stable its owners, employees and agents, for all claims. I have made a free and deliberate choice to sign this Release and Waiver as a condition to Releasees allowing me or RTI participant to handle an equine. I have concluded that the risk and				
the release and waiver of liability is worth the	e pleasure of the equine and farm experience.			
Name of RTI Participant – Please print				
Signature:	Date			
Parent or Guardian – Please Print				
Signature:	Date:			
Home Address:				
Phone:				
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