



2415 116th Street N.E.
Marysville, WA 98271
Office (425)263-6390 FAX (360)657-4518

Community Service Volunteer Consent Form

Name _____

Address _____

Home Phone: _____ Work/Cell: _____

As a volunteer with the All Breed Equine Rez-Q, I am clear about the hazards of working with horses. I will follow safety procedures and the directions of volunteers in charge of the work/duties in which I perform. I will not hold All Breed Equine Rez-Q accountable for accidents or injuries occurring while I am voluntarily performing my community service, i.e. to include stalls, water, feed, grooming or lead rescued horses, facility maintenance, grounds improvement; building or construction and other program development or related activities.

No person will be accepted for our community service volunteer program until this form has been completed and returned by the parent or guardian. If the volunteer is of legal age (18 years), he or she may complete the form. Every effort will be made to avoid any accident. **NO LIABILITY (RCW 4.24.530 OF WASHINGTON STATE)** can be accepted by any individual or organization concerned with this program, including All Breed Equine Rez-Q.

*I participate as a juvenile with the permission of my parent/legal guardian who will hold my welfare as their responsibility. I am ____ years of age on _____ (birth date).

Parent or Guardian Signature

Date

Volunteer Signature

Date