



BITS-ES4H & FFR Volunteer Waiver and Information

www.BITS-ES4H.org
www.fuzzyfacesrefuge.org

Name: _____ Date: _____
(Please print)

Home Address: _____ City/State/Zip: _____

Telephone: (H) _____ (W) _____ (C) _____

E-mail: _____

Waiver and Release: I understand that participation in Back in the Saddle (BITS) or Fuzzy Faces Refuge (FFR) sponsored activities or events involves potential hazards such as those related to horses, goats, canines, felines, other farm animals and farm related activities, and on behalf of me, my heirs, executor, administrator, and any minor volunteering with me, I assume the risk and I hereby release and hold harmless BITS, FFR and its staff, representatives, event sponsors, board members, officers and volunteers from any claims, demands, injuries, damages or actions arising from my participation in such activities, whether or not caused by my negligence or the negligence of any of the BITS or FFR affiliates listed above or any other party. (Parent or guardian must sign for all persons under 18 years of age).

In Case of an Emergency

First contact: _____ Relationship: _____

Phone number (Home): _____ (Work): _____

Second contact: _____ Relationship: _____

Phone number (Home): _____ (Work): _____

For Youth Volunteers *

In case my child needs medical treatment while participating with a BITS-ES4H or FFR activity or event, I hereby give BITS-ES4H/FFR permission to consent to medical services for my child.

Photo Release Waiver

I understand that by participating in BITS-ES4H/FFR sponsored activities that my picture or that of my minor child may be used outside of the organization.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Volunteer, Parent/Guardian: _____ Date: _____
(Please print name of adult over 18 years)

* Volunteers under 18 years old need to have a Waiver Form signed by their parent or legal guardian before working at any Fuzzy Faces Refuge activity or event.