



**[THIS PACKET IS FOR SPECIAL PROJECTS, ONE-DAY GROUP OUTINGS AND UNDER AGE 15 VOLUNTEERS ONLY]**

## **Hello, and thank you for volunteering at Mitey Riders!**

Within the contents of this packet, you will find all the necessary forms that need to be completed to volunteer for a special project or one-time group outing to the Mitey Rider program! Please fill out the following information and bring it with you on the day you are scheduled to come help at the farm.

If you wish to become a regular volunteer in the Mitey Rider program, please visit our web site at [www.miteyriders.org](http://www.miteyriders.org) and fill out the complete Volunteer Application. We would love to have you come back!

### **FORMS INCLUDED**

- Volunteer Profile & Questionnaire
- Liability Release Form
- Marketing Release Form

Do not hesitate to contact us directly with any questions or concerns. We look forward to meeting you very soon!

Sincerely,  
The Team at Misty Meadows Mitey Riders

**P.S. For more info, visit our web site at [www.miteyriders.org](http://www.miteyriders.org)!**



SPECIAL PROJECT VOLUNTEER PACKET > **Profile & Questionnaire**

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name (First/Middle/Last): \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Age: \_\_\_\_      Gender: M / F

Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_      (C) \_\_\_\_\_      (W) \_\_\_\_\_

E-mail: \_\_\_\_\_

**IF YOU ARE UNDER THE AGE OF 18:**

Parents/Guardians(First/Middle/Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_      (C) \_\_\_\_\_      (W) \_\_\_\_\_

E-mail: \_\_\_\_\_

**PLEASE LIST THE NAME OF YOUR AFFILIATED BUSINESS, GROUP OR ORGANIZATION:**

Group: \_\_\_\_\_

**IF YOU ATTEND SCHOOL:**

School: \_\_\_\_\_      School City: \_\_\_\_\_

How did you hear about Mitey Riders? \_\_\_\_\_



SPECIAL PROJECT VOLUNTEER PACKET > **Liability Release Form**

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**Liability Release**

As a volunteer at Misty Meadows Mitey Riders, Inc., I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the riders I work with 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 Marilyn and Harry Swimmer, Misty Meadows Farm, Inc., Misty Meadows Mitey Riders, Inc., its Board of Directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in Misty Meadows Mitey Riders, Inc.

**Photo Release (check one)**

\_\_\_\_\_ I consent to and authorize the use and reproduction by Misty Meadows Mitey Riders, Inc., 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 give my consent for the Photo Release.

**Confidentiality Agreement**

I understand the expectation that all information related to the students of Misty Meadows Mitey Riders is considered confidential in nature. I further understand the liability of persons with access to student information and hereby agree to protect and preserve the confidential nature of all student information to which I have access.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_



SPECIAL PROJECT VOLUNTEER PACKET > **Marketing Release**

I **DO** **DO NOT** consent to and authorize the use and reproduction by **Misty Meadows Mitey Riders, Inc.** of any and all photographs and any other audio/visual materials taken of me and/or my family for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program. Additionally, I **DO** **DO NOT** consent to and authorize the use of any testimonials and/or written and spoken quotations from me for promotional materials, marketing purposes or any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

**Please add the following family members and friends to your mailing list:**

Name (First/Last): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name (First/Last): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name (First/Last): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name (First/Last): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-mail: \_\_\_\_\_