



CHEFF THERAPEUTIC RIDING CENTER

Welcome New Volunteer!

Thank you for your interest in volunteering at Cheff Therapeutic Riding Center. Our program depends on volunteers to make equine-assisted activities available for individuals with disabilities.

In order to begin volunteering at Cheff, complete the following steps:

- ❖ Fill out the volunteer packet included with this cover sheet
- ❖ Call Kim Henning, Volunteer Coordinator at 269-731-4471, x 111 or email her at Kim@cheffcenter.org to sign up for an orientation or to answer any questions you may have.
- ❖ Bring completed paperwork with you, including the last page of the Volunteer Manual, acknowledging you have read the manual.

We're looking forward to having you join our team of dedicated staff, volunteers and horses whose mission is to make life a little better for those with special needs.



Cheff Therapeutic Riding Center
 8450 North 43rd Street, Augusta MI 49012
 Tel: 269.731.4471 Fax: 269.731.2990

Liability Release Form

I agree to the following agreement with the CHEFF THERAPEUTIC RIDING CENTER, a Michigan nonprofit corporation (hereafter referred to as "Center") as a condition for allowing me, and the persons identified below, to enter the Center's premises and surrounding land, be near horses, participate in equine-assisted activities, work near horses, handle horses, use equipment, work with staff and volunteers, and/or receive instruction or guidance in riding, grooming, or handling of horses (these activities will hereafter be referred to in this document as "The Activities").

CONTRACTING PARTY (Volunteer if 18 or Parent/Guardian) _____

OTHER CONTRACTING PARTY (Spouse or Other Parent) _____

ADDRESS OF CONTRACTING PARTIES _____

PHONE (Home) _____ (Business) _____ (Cell/Other) _____

I also make this agreement on behalf of the following, who is/are my child/ren or court appointed legal ward(s):

1. _____ Age _____ 2. _____ Age _____
 Child's DOB: _____ Child's DOB: _____

All parts of this agreement shall apply to me and shall also apply to the children/legal wards listed above. This Release is intended to be valid and binding at **all times – now and in the future** – when Center permits me (directly or indirectly) to engage in any or all of The Activities.

IT IS HEREBY AGREED AS FOLLOWS:

1. I have requested to engage in any or all of The Activities, now and/or in the future.
2. **Risks.** I understand that anyone engaging in The Activities can suffer bodily and other injuries. Participation in The Activities involved certain inherent risks and, regardless of the care that is taken, it is impossible to ensure the safety of the participant. **I understand the risks/dangers inherent in The Activities, and I agree to assume them. I am not relying on the Center to list all possible risks for me.**
2. **Waiver and Liability Release.** As consideration for Center allowing me to engage in The Activities at any time and at any location, I agree to assume full responsibility for any and all bodily injuries, losses, or damages that I may sustain. I, for my heirs, administrators, personal representatives, or assigns, release and discharge the CHEFF THERAPEUTIC RIDING CENTER, Cheff Therapy Services, and their employees, assistants, directors, volunteers, land owners, and owners of horses from any and all claims, demands, damages, actions, omissions, suits, or causes of action (present or future).

WARNING

Under the Michigan Equine Activity Liability Act [1994 P.A. 351], an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

IT IS MUTUALLY UNDERSTOOD AND AGREED THAT THE WAIVER AND LIABILITY RELEASE SET FORTH IN THIS DOCUMENT CONSTITUTES A WAIVER OF LIABILITY BEYOND THE PROVISIONS OF THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, 1994 P.A. 351. BY SIGNING THIS RELEASE, I AGREE NOT TO BRING ANY CLAIM OR SUIT AGAINST CENTER OR PERSONS OR ENTITIES WORKING ON BEHALF OF OR AFFILIATED WITH CENTER ON THE BASIS OF ANY EXCEPTION IN THAT LAW.

3. **Indemnification.** I also agree to indemnify and hold harmless the CHEFF THERAPEUTIC RIDING CENTER, Cheff Therapy Services, and persons or entities working on behalf of or affiliated with the Center against all damages which are sustained or suffered by any third persons. The indemnification shall include reimbursement of Center's attorney fees.
4. **ASTM/SEI Headgear.** CHEFF THERAPEUTIC RIDING CENTER will provide me with an equestrian safety helmet that is ASTM-standard and SEI-certified for use when riding, handling, or being near horses. I understand that neither CHEFF THERAPEUTIC RIDING CENTER or its assistants or agents can guarantee the suitability of any helmet provided.
5. **Health and Disabilities.** I understand that Center always recommends that I seek the advice of a physician, and many of The Activities pose special physical risks to the participant and even to the volunteer. I want Center to be aware of the following physical conditions I have that may affect my ability to handle, ride, and/or be near an equine: _____
6. Should I breach this Release (or any part of it) I agree to pay the attorney's fees and court costs related to such breach incurred by Center and/or persons directly affiliated with Center. It is also mutually agreed that any disputes arising under this Release, or any activities that are undertaken pursuant to this document, shall be litigated in a court of proper jurisdiction located in or nearest to Kalamazoo County, Michigan.

SIGNATURE OF CONTRACTING PARTY _____ DATE _____

SIGNATURE OF OTHER CONTRACTING PARTY _____ DATE _____



Volunteer Interest Form

Volunteers at Cheff have the opportunity to help with a wide range of activities, enabling staff to provide our program to our clients. Please indicate which of the following activities you are interested in, sign and date.

THANK YOU!

1=most interest

2= some interest

3=least interest

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- Classes (lead and/or sidewalk)
- Barn (clean stalls, groom, feed, water horses)
- Hippotherapy (assist P.T. as a sidewalker; requires special training)
- EMT - Equine Management Team (exercise horses)
- Summer Camp (assist instructors in all activities)
- Clean (sweep, mop, etc, especially needed prior to special events)
- Paint (fencing, etc)
- Grounds (gardening, lawn maintenance, landscaping)
- Handyman (repair fences, handy with tools, machinery)
- Cook (for special events)
- Committee member for fundraisers

Other _____

Name (print please)

Date

E-mail address

Phone