

HORSE DAYS 2011

Volunteer Sign-Up Form

Name: _____ Adult ___ Youth Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____

Email: _____ Group Affiliation: _____

Horse Days Volunteers needed on August 18th, 19th, 20th & 21st.
Please check the day and times for Volunteering

THURSDAY Set-Up: _____ 8:00 AM – 12:00(noon)

_____ 12:00(noon) – 4:00 PM

_____ 4:00 PM – 8:00 PM

_____ 8:00 – 12:00(Midnight)

FRIDAY: _____ 6:00 AM – 10:00 AM

_____ 8:00 AM – 12:00(noon)

_____ 12:00(noon) – 4:00 PM

_____ 4:00 PM – 8:00 PM

_____ 8:00 – 12:00(Midnight)

SATURDAY: _____ 6:00 AM – 10:00 AM

_____ 8:00 AM – 12:00(noon)

_____ 12:00(noon) – 4:00 PM

_____ 4:00 PM – 8:00 PM

_____ 8:00 – 12:00(Midnight)

SUNDAY: _____ 6:00 AM – 10:00 AM

_____ 8:00 AM – 12:00(noon)

_____ 12:00(noon) – 4:00 PM

_____ 4:00 PM – 8:00 PM

Volunteers receive a Free T-Shirt from Horse Days, Free Pancake Breakfast for morning shift, food/beverage tickets, same day admission and one additional day complimentary admission. For each Four (4) Hour shift of Volunteering, your name will be entered in a drawing for prizes. Sunday Volunteers will have an additional separate drawing.

PLEASE Contact us by email to Volunteer@Horsedays.net

Horse Days Fax: 815-389-7856 or Phone: Kim Bischoff 630-915-7443

VOLUNTEER RELEASE & WAIVER

Read this agreement carefully before signing it. Your signature indicates your understanding of and agreement to its terms.

I _____, the undersigned, for consideration received, do hereby agree to hold harmless, indemnify, and promise not to sue Horse Days, its affiliated, officers, directors, volunteers, agents, employees, and all sponsoring business and organizations and their agents and employees; and, further release them from any and all liability, claims, demands and causes of action for accident damage or injury to the Undersigned in volunteering at Horse Days, whether it results from the negligence of any of the above or any other cause. I hereby verify that I have no medical condition that prevents me from safely participating herein.

I further acknowledge there are inherent risks associated with any equine activity and hereby expressly assume all risks associated with participating in such activities. Equine activities include, but are not limited to, riding, training, handling, leading, holding, driving, caring for, entering pastures, associating in any way with equines, participating in any event organized and sponsored by Horse Days, or being in proximity to equines during Horse Days events. The inherent risks include, but are not limited to, (i) the propensity of equines to behave in such ways such as running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them; (ii) the unpredictability of equine's reactions to such things as sounds, sudden movement and unfamiliar objects, persons or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals; and (v) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within such participant's ability.

WARNING – UNDER THE EQUINE ACTIVITY LIABILITY ACT, EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES.

I agree to abide by and follow any instructions given or rules established by Horse Days or any of its officers, directors, agents, or employees. Further, I understand that Horse Days, its sponsors, and/or news organizations will be photographing and videotaping this event. I agree that any photographs, videotapes or other images containing my likeness are the sole property of the photographer and Horse Days. I authorize the foregoing accounts, for publicity, in promotional material, and for any other lawful purpose.

I expressly agree that the foregoing Agreement is governed by the State of Illinois and is intended to be as broad and inclusive as is permitted by Illinois law. In this event any portion of this Agreement is determined to be invalid, illegal, or unenforceable, the validity, legality and enforceability of the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect. I further acknowledge that this document is a valid contract and agree that if a lawsuit is filed against Horse Days or its affiliates, directors, officers, agents, employees, or volunteers for any injury or damage in breach of this Agreement, the Undersigned will pay all attorney's fees and costs incurred by Horse Days in defending such an action.

Date

Name

In the event that the undersigned is under the age of 18, this release and waiver must be read by a parent or guardian; and, the signature of the parent or guardian is required.

Parent/Guardian Signature

Printed name of Parent /Guardian