

# Volunteer Information & Experience Form

Volunteer Name:

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Address:

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Phone: \_\_\_\_\_ Email:

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Emergency Contact Name & Number:

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## Experience Level

Please check the box that best describes your experience level with or around horses:

- **Novice:** Little to no experience. Comfortable with grooming/handling under direct supervision.
- **Intermediate:** Comfortable leading,

grooming, and tacking up. Understands basic horse body language.

- [ ] **Advanced:** Extensive experience handling high-needs, green, or reactive horses. Independent handler.

List any specific equine skills (e.g., medical care, training, stall maintenance):

## **Liability Release and Hold Harmless Agreement**

**Organization:** RHSAVES Horse Rescue

**Location:** 7710 N Massingale Valley,  
Tucson, Arizona 85741

In consideration for being permitted to volunteer at **RHSAVES Horse Rescue**, I, the undersigned, acknowledge and agree to the following:

### **1. Acknowledgment of Risk**

I understand that horses are inherently unpredictable animals and that working around them involves significant risks of

bodily injury, death, or property damage. These risks include, but are not limited to, being kicked, bitten, stepped on, or thrown.

## **2. Arizona State Law Notification**

Pursuant to **Arizona Revised Statutes § 12-553**, an equine owner or an agent of an equine owner is not liable for injury, death, or property damage resulting from the inherent risks of equine activities. By signing this document, I acknowledge that I am aware of this statute and agree to assume all risks associated with equine activities at this facility.

## **3. Release and Hold Harmless**

I hereby release, waive, discharge, and covenant not to sue **RHSAVES Horse Rescue**, its founders, board members, employees, or agents from any and all liability, claims, demands, or causes of action whatsoever arising out of or related

to any loss, damage, or injury that may be sustained by me while on the premises located at **7710 N Massingale Valley, Tucson, AZ 85741.**

Or any location we are hosting or participating in events

Horse activity

Including, but not limited to trail rides.

Ride at your own risk.

## **4. Medical Consent**

In the event of an emergency, I authorize RHSAVES Horse Rescue to seek medical treatment on my behalf if I am unable to do so. I accept full financial responsibility for any medical expenses incurred.

**Volunteer Signature:**

\_\_\_\_\_ **Date:**

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**Parent/Guardian Signature:**

\_\_\_\_\_ **Date:**

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*(Required if volunteer is under 18 years of age)*