



**RELEASE AND HOLD HARMLESS AGREEMENT**

I hereby acknowledge the risks involved in riding and working around horses, which include bodily injury from using, riding, training, or being in close proximity to horses. Equines, by nature, are unpredictable, and as such, can, without warning, cause injury to humans. I am aware of this risk and still choose to be a part of the operations of the ranch. I further understand that injury from an equine can occur during routine procedural operations, such as walking near, grooming, or standing around equines. I will make sure that I understand equine nature and have appropriate experience and/or training to decrease the risk of injury to myself.

I understand that no unaccompanied children are permitted. No smoking is permitted. No pets are permitted. No horses are permitted to be trailered-in, without prior authorization by the operator. Horses with prior approval will be kept away from resident horses for safety and health reasons. Visitors are defined as riders, Ranch Hands, trainers, promoters, and impromptu guests. All visitors are required to adhere to posted safety and operational instructions.

It is the intent of WNCR to provide a pleasant environment for all visitors. Your signature on this agreement is also an acknowledgement that you have read, and will adhere to, the Safety Protocol and Procedures and the Ranch and Barn Policies. A copy of the New Mexico State Laws regarding equine operations is available at your request and we will be happy to discuss any concerns you may have relative to them.

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 Walkin N Circles Ranch, Inc., its owners, instructors, and/or employees for any and all injuries and/or losses I may sustain while participating in any equine activity.

**MEDICAL ASSIGNMENT**

I hereby provide to WNCR the instructions for my medical treatment. These instructions will be carried out on my behalf, in the event that I am not able to seek medical assistance on my own.

I further understand that WNCR is obligated to call for emergency treatment (ambulance, paramedics, etc.) in the event that an individual is injured and in need of immediate assistance. WNCR may provide first aid as the result of an injury to me. WNCR will do everything possible to contact the individuals on the emergency list I provide, but may be limited by the criticality of the situation. Individuals listed as emergency contacts, will be contacted as soon as possible after an accident/injury occurs.

_____	_____	_____
(Printed Name)	(Signature)	(Date)
_____	_____	_____
(Street Address)	(City) (ST) (Zip)	(Telephone Number)
In case of injury or other emergency please notify:		
_____	_____	_____
(Name)	(Relationship)	(Telephone Number)
_____	_____	_____
(Name)	(Relationship)	(Telephone Number)



## VOLUNTEER RANCH HAND APPLICATION

### GENERAL INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(STREET # & NAME) (CITY) (ST) (ZIP)

MAILING ADDRESS: \_\_\_\_\_  
(PO BOX) (CITY) (ST) (ZIP)

PRIMARY PHONE: (\_\_\_\_) \_\_\_\_\_ SECONDARY PHONE: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BEST WAY TO CONTACT YOU: \_\_\_\_\_ BEST TIME TO CONTACT YOU: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

\_\_\_\_\_ I AM OVER THE AGE OF 18 IF UNDER 18 INDICATE DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

IF UNDER 18 A PARENT, GUARDIAN, OR RESPONSIBLE PARTY MUST SIGN THIS FORM AND ACCOMPANY THE MINOR ON THE RANCH AT ALL TIMES. BY SIGNING THIS FORM I TAKE FULL RESPONSIBILITY FOR THE ACTIONS OF THIS MINOR & HAVE COMPLETED A SEPARATE VOLUNTEER RANCH HAND APPLICATION.

PRINTED NAME: \_\_\_\_\_ RELATIONSHIP TO MINOR: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### ABOUT YOU

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM? \_\_\_\_\_  
IN ADDITION TO YOUR LOVE FOR & INTEREST IN HORSES, WHY DO YOU WANT TO BECOME A WNCR RANCH HAND?

DESCRIBE YOUR EQUINE SKILLS AND/OR TRAINING: \_\_\_\_\_

DESCRIBE ANY PRESENT OR PREVIOUS VOLUNTEER EXPERIENCE: \_\_\_\_\_

DESCRIBE ANY EXPERIENCE WORKING WITH NON-PROFIT ORGANIZATIONS OR THE PUBLIC: \_\_\_\_\_

DESCRIBE ANY ADDITIONAL SPECIAL SKILLS YOU POSSESS (I.E. FUNDRAISING, COMPUTER, ETC.): \_\_\_\_\_

DESCRIBE ANY PHYSICAL LIMITATIONS OR DISABILITIES YOU MAY HAVE: \_\_\_\_\_

WNCR TRIES TO FIND PERMANENT HOMES FOR ALL EQUINES IN OUR CARE. HOWEVER, FOR MEDICAL REASONS, EUTHANASIA MAY SOMETIMES BE THE MOST COMPASSIONATE COURSE FOR AN ANIMAL IN OUR CARE. PLEASE SHARE YOUR THOUGHTS ABOUT EUTHANASIA: \_\_\_\_\_

