## **Connecticut Horse Council, Inc.**

## Volunteer Horse Patrol





## RELEASE FORM

I acknowledge that as with any equine activity there is an inherent risk of accidental injury or death to myself, my horse and others while participating in this Volunteer Horse Patrol Program.

To the fullest extent permitted by law, I agree to assume the risk of any injury to myself or my horse, or damage to my property which I or my horse might suffer or cause to occur while involved in the Connecticut Horse Council Volunteer Horse Patrol Program, including my own negligent acts or omissions or those of others, including the Connecticut Horse Council, its members or directors: and will not hold the Connecticut Horse Council, its members, directors or Volunteer Horse Patrol program instructors or coordinators liable for any injuries which I or my horse may suffer or damage to my property while participating in this Volunteer Horse Patrol Program.

I acknowledge that in order to participate in the Volunteer Horse Patrol Program, I am also a State of Connecticut Department of Environmental Protection volunteer.

I understand the benefits and limitations available to me as a volunteer while participating in this State of Connecticut DEP program and a copy of the volunteer handbook has been provided to me.

I have read and signed the documents required by the DEP to participate in this program.

I acknowledge that I have read and understand the Volunteer Horse Patrol Job Description and a copy has been provided to me.

I further acknowledge that I have been provided the opportunity to ask questions to clarify any areas of concern that may relate to this program, its limitations and my responsibilities.

I hereby agree to hold harmless and indemnify the Connecticut Horse Council, its members, directors, Volunteer Horse Patrol program instructors and coordinators from any damages arising from any and all suits, actions, legal or administrative proceedings, claims, demands, damages, liabilities, monetary loss, interest, attorney fees, cost and expenses whatsoever kind or nature that may arise from my participation and/or my horse's participation in the Volunteer Horse Patrol Program.

(Print VHP participant name)

(VHP participant signature)

Witnessed: Notary Public / Commissioner of Superior Court

(Print witness name)

(Signature)

(Date)