

**DREAM HAVEN EQUINE SANCTUARY**  
**EMERGENCY CONTACT AND RELEASE<sup>1</sup>**

**Emergency Contact Information**                      **Date** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone day: \_\_\_\_\_ evening: \_\_\_\_\_ cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

*In case of an emergency, contact:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone day: \_\_\_\_\_ evening: \_\_\_\_\_ cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Any allergies, medications, or other information needed in an emergency:

\_\_\_\_\_

**Release and Waiver of Liability**

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_ (the "Volunteer") in favor of **DREAM HAVEN EQUINE SANCTUARY**, a nonprofit corporation, and its directors officers, employees, and agents.

The Volunteer desires to work as a volunteer for **Dream Haven Equine Sanctuary** and engage in the activities related to being a volunteer for **Assisting Farm/Horse Manager is daily activities for the maintenance and care of the Farm and the Horses that reside at the Farm**. The Volunteer understands that the Activities may include **cleaning the Horse Barn including horse stall cleaning, repairing fencing, filling buckets of horse feed, distributing feed to horses, filling water buckets, and under supervision of Farm/Horse Manager assisting with needs of the horses**. These activities are not all inclusive. Other activities may be assigned as necessary by the Farm/Horse Manager.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

1. **Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless **Dream Haven Equine Sanctuary** and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Volunteer's Activities with **Dream Haven Equine Sanctuary**.

VOLUNTEER UNDERSTANDS THAT THIS RELEASE DISCHARGES **DREAM HAVEN EQUINE SANCTUARY** FROM ANY LIABILITY OR CLAIM THAT THE VOLUNTEER MAY HAVE AGAINST **DREAM HAVEN EQUINE SANCTUARY** WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM VOLUNTEER'S ACTIVITIES WITH **DREAM HAVEN EQUINE SANCTUARY**, WHETHER CAUSED BY THE NEGLIGENCE OF **DREAM HAVEN EQUINE SANCTUARY** OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OR OTHERWISE. VOLUNTEER ALSO UNDERSTANDS THAT **DREAM HAVEN EQUINE SANCTUARY** DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE IN THE EVENT OF INJURY OR ILLNESS.

2. **Medical Treatment.** Volunteer does hereby release and forever discharge **Dream Haven Equine Sanctuary** from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with **Dream Haven Equine Sanctuary**.

3. **Assumption of the Risk.** The Volunteer understands that the Activities may involve work that may be hazardous to the Volunteer. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities, and releases **Dream Haven Equine Sanctuary** from all liability for injury, illness, death, or property damage resulting from the Activities.

4. **Insurance.** The Volunteer understands that, except as otherwise agreed to by **Dream Haven Equine Sanctuary** in writing, **Dream Haven Equine Sanctuary** does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

5. **Photographic Release.** Volunteer does hereby grant and convey unto **Dream Haven Equine Sanctuary** all right, title, and interest in any and all photographic images and video or audio recordings made by **Dream Haven Equine Sanctuary** during the Volunteer's Activities including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. **Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of [TEXAS], and that this Release shall be governed by and interpreted in accordance with the laws of the State of [TEXAS]. Volunteer also agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the

remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer: \_\_\_\_\_ Witness: \_\_\_\_\_