



NAPLES EQUESTRIAN CHALLENGE, INC.

206 Ridge Dr., Naples, FL 34108

Phone: 239-596-2988 • Fax: 239-514-2908

Employee Id# 65-0793008

Florida tax exempt # 21-00-48256-56c

E-mail: info@naplesequestrianchallenge.org

Web: www.naplesequestrianchallenge.org

Volunteer Sign-Up Packet

Date Received By NEC Office: _____

Name: _____

Local Address: _____

(Street)

(City)

(State)

(Zip)

Seasonal Address: _____

(Street)

(City)

(State)

(Zip)

Phone: _____

(Home)

(Cell)

(Work/Alternative)

Email Address: _____

Shirt Size: S M L XL XXL XXXL

	Yes	No
Are You A Student If so, where:		
Do you have any physical limitations If yes, explain:		
Can you walk for 30 minutes		
Can you jog short distances		
Are you comfortable around horses		
Are you able to hold your arm at shoulder height & support modest weight		
Do you have experience in the horse field (riding, instructing, grooming, etc) If yes, explain:		
Do you have any additional skills that may benefit our program (PT, PTA, LMT, MD, first aid, teacher, public speaking, carpentry, etc) If yes, explain:		
Is there something you would like to learn or are interested in (grooming, office work, etc) If yes, explain:		
How did you hear about NEC?		
What days/times would you be interested in volunteering?		



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VOLUNTEER AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical treatment is required due to illness and/or injury during the process of volunteering, while being on the property of the agency, I authorize **NAPLES EQUESTRIAN CHALLENGE, INC.**, and its agents/representatives to:

1. **Secure and retain medical treatment and transportation, if needed**
2. **Release client records upon request to the authorized individual or agency involved in the medical emergency treatment**

Name:			
Phone:			
Address:			
Date of Birth:			
Social Security Number:			
Physician:			
Insurance Company:			
Policy #:		Group#:	
Insurance Phone #:			
Preferred Medical Facility:		NCH	North Collier
		Other:	

(Please realize that in a true emergency, transport will be to the nearest appropriate facility)

Emergency Contact Information:

Name: _____

Relationship: _____

_____ Home Phone _____ Cell Phone _____ Work Phone

CONSENT PLAN: (Circle One) I DO / I DO NOT consent to emergency medical treatment. This authorization includes x-ray, hospitalization, medication, and any treatment procedure deemed "life-saving" by the physician on duty. This provision will be invoked if the emergency contact is unable to be reached and the volunteer listed above is unable to make decisions for him/herself. If you DO NOT consent to emergency medical treatment, please indicate the procedures you wish to have followed in the event of an emergency _____

_____ Signature of Responsible Party _____ Printed Name _____ Date

EQUINE RELATED ACTIVITY RELEASE & HOLD HARMLESS AGREEMENT

KNOW ALL MEN BY THESE PRESENTS: That _____, (hereinafter referred to as "Volunteer/Rider/Participant"), for and in consideration of participation in any Naples Equestrian Challenge, Inc. programs and presence on any NEC property and for other good and valuable consideration in hand received by Volunteer/Rider/Participant, the receipt and adequacy of which are hereby acknowledged, does hereby RELEASE AND HOLD HARMLESS, Naples Equestrian Challenge, Inc., a Florida nonprofit corporation, and its successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as "NEC") of and from all manner of action(s), cause(s) of action, suits, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which Rider/Volunteer/Participant has or may have in the future from the signing of this release until the end of such Volunteer/Rider/Participant's participation in an NEC program or presence on NEC property, and any claim past, present or future which any personal representative, successor, heir or assignee of said party hereafter can, shall or may have against NEC for, upon or by reason of any matter, cause or thing whatsoever, from the time of Volunteer/Rider/Participant participation in any NEC program or being present on any NEC property until such time as Volunteer/Rider/Participant is not participating in any NEC program or from a date forward that such Volunteer/Rider/Participant is not present on any NEC property, such release and hold harmless of NEC specifically includes, but not by way of limitation, the following:

- 1) All equine activities at the property owned by NEC located on the southwest corner of the intersection of Center Street and Goodlette Road, Naples, Collier County, Florida, including, handling, care, grooming, leading and riding of horses and such activities as defined in Section 773.01, Florida Statutes, as amended from time to time; and all activities related to being in the presence of horses or on NEC property;
- 2) Any and all rights or claims arising from, relating to, or in any way connected with the death or injury of any person participating in any equine activity sponsored by NEC or death or injury of person occurring on NEC property or claim for damage to any Volunteer/Rider/Participant's personal property brought upon any NEC property by Volunteer/Rider/Participant.
- 3) Volunteer/Rider/Participant grants NEC the right and authority to perform a background check on Volunteer/Rider/Participant in advance of Volunteer/Rider/Participant's participation in any NEC activity or presence on NEC property and NEC may make future checks on background from time to time during the Volunteer/Rider/Participant's involvement in any NEC program or presence on NEC property. Volunteer/Rider/Participant releases NEC from any claim, cause of action or damages based upon NEC's authorized background check(s).
- 4) Any and all rights or claims arising from, relating to or in any way connected with the death or injury of a Volunteer/Rider/Participant who takes transport in any NEC agent vehicle as part of a sponsored NEC program occurring outside of the NEC property.

WARNING

Under Chapter 773, Florida Statutes, an equine activity or sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

This Release further incorporates the immunity to volunteers of not-for-profit organizations who are acting within the scope of their responsibilities and who do not cause harm willfully or with wanton disregard for safety.

IN WITNESS WHEREOF, the undersigned executes this release

this _____ day of _____, 200_____.

Release & Hold Harmless Agreement Continued:

Volunteer/Rider/Participant

Printed Name: _____

Address: _____

(Street)

(Apt/Ste)

(City)

(State)

(Zip)

Signature: _____ Date: _____

Email address: _____

Home Phone #: _____ Cell #: _____

Date of Birth: _____

Emergency Contact Person: _____

Relationship of Contact Person to participant: _____

Emergency Contact Phone: _____ Cell #: _____

Witness #1 Signature: _____ Printed Name: _____

Witness #2 Signature: _____ Printed Name: _____

**Signature REQUIRED if Volunteer/Rider/Participant is:
UNDER THE AGE OF 18 or IF AN ADULT AND UNDER GUARDIANSHIP**

Parent / Guardian Printed Name: _____

Signature: _____

Parent / Guardian Phone #: _____ Cell #: _____

Witness #1 Signature: _____ Printed Name: _____

Witness #2 Signature: _____ Printed Name: _____