

# Loving Long Ears Donkey Therapy & Sanctuary, Inc. Volunteer Release



\*Participant: Any individual who knowingly participates in a Loving Long Ears Donkey Therapy & Sanctuary, Inc. (LLE) activity on or off LLE property, including barn/farm labor, educational/fundraising activities, and any other activity at a location sponsored by LLE. Volunteer/Student Release **MUST CONTAIN ORIGINAL SIGNATURES** This form must be completed and submitted for EVERY participant at (LLE) before engaging in ANY donkey related activity. It is the participant's responsibility to ensure that all information is complete and accurate, and to notify LLE in the event of any changes. Volunteers and assistants may be subject to background check. All information is confidential and HIPPA privacy policy applies.

## \* CONTACT INFORMATION: P L E A S E P R I N T

Participant's\* Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home/Work Phone: \_\_\_\_\_ / \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## \* Parent/Legal Guardian (for participants under 18):

Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home/Work Phone: \_\_\_\_\_ / \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

## \* EMERGENCY INFORMATION Please notify the following individual(s) in the event of a medical emergency:

Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home/Work Phone: \_\_\_\_\_ / \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\* Date of Last Tetanus Shot: \_\_\_\_\_

\* List all special medical conditions, medications or allergies that LLE or emergency personnel should be aware of: \_\_\_\_\_

**Loving Long Ears Donkey Therapy & Sanctuary, Inc Volunteer Release  
(Continued)**



**(OPTIONAL):** AUTHORIZATION FOR EMERGENCY TREATMENT in the event that the undersigned participant is unconscious and we are not able to reach an emergency contact, parents or legal guardian of a minor participant, I authorize members of LLE as agent(s), to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician, licensed emergency medical technician or surgeon, whether on LLE property, a remote location, an office or in a licensed hospital. This authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as the health care giver may deem advisable. This Authorization shall remain effective indefinitely unless revoked in writing.

Participant Health Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian if under 18)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE READ CAREFULLY AND INITIAL BESIDE EACH STATEMENT BELOW:**

As a Participant (or) Parent I understand that donkeys are independent living beings and can be unpredictable. I understand that there are always elements of risk in equestrian activities, including permanent disability or death, that common sense and personal awareness can help reduce. I am always aware that when on LLE Property or the property any event may be held at, it is MY RESPONSIBILITY to: 1. Be alert and respectful of donkeys' intentions signaled with their ears and eyes that can be carried out with their teeth and hooves. 2. Speak in a reassuring tone when approaching a donkey or donkey's and avoid sudden movements or noises. 3. Never leave gates open 4. Never leave donkeys unattended with their halter, bridle, or saddle on, or while they are tied. 5. Always lead donkeys properly with a lead rope. 6. Always wear appropriate clothing, including durable shoes and helmets when riding. 7. Put away tack and grooming supplies after using. 8. Never be intoxicated in the stable or allow others to be so. 9. Follow and obey all instructions and warnings given for the donkeys. 10. Comply promptly with all verbal directions of LLE staff unless I believe that by doing so I will endanger myself, other people or the donkeys, in which case I will immediately express my opinion to the person involved. 11. Lead & handle donkeys for events ONLY approved to be rated within my ability level. 12. Refrain from acting in any manner which may cause or contribute to my injury or the injury of other people or the donkeys. 13. Refrain from offensive language and gossip while at LLE. \* Initial \_\_\_\_\_

**I am always aware that when riding,** it is MY RESPONSIBILITY to: 1. Always ride with another person. 2. Check all equipment and tack, including the saddle, girth, straps, bridle, and bit before using for signs of weakness and proper adjustment. 3. Use proper equipment and attire, including a regulation helmet with a chin strap always fastened and boots with heels. I also understand that regulation helmets are available for use at LLE and that if I choose not to wear one, I am wholly responsible for any consequences. 4. Ride in control ONLY with donkeys approved to be rated within my ability level. 5. Be constantly aware of, anticipate and be able to avoid nearby donkeys, people and obstacles, or natural and manmade hazards. 6. Never tailgate and always audibly alert nearby riders and people on the ground before changing direction or overtaking another donkey. \* Initial \_\_\_\_\_



I understand that this is only a partial list, and I must ALWAYS be always safety conscious and exercise sound judgment. ANYONE found to not be following these important instructions or endangering themselves, other people or donkeys face immediate revocation of volunteering WITHOUT EXCEPTION. \* Initial \_\_\_\_\_

As an individual who knowingly participates in a LLE activity on or off LLE property, including barn/farm labor, educational/fundraising activities, and any other activity at a location sponsored by LLE I hereby release LLE, its officers, staff members, volunteers, instructors, advisors and/or agents in any location where donkey related activities are conducted or donkeys and/or property are used. I release them from responsibility for accidental physical injury, including death or illness and loss of personal property while at LLE. I agree to remain fully liable and responsible for any such hospital, doctor, ambulance, dental or medical fees in the event of an injury to me as a result of my participating in any and all activities involving LLE. I understand that LLE does NOT provide health, accident, or liability insurance to participants. \* Initial \_\_\_\_\_

I acknowledge that there is a valid consideration to executing this release. The invalidity of any statement or waiver of rights above under local, state or federal law does not invalidate any other statement or waiver of rights above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian if under 18)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO RELEASE

I Do \_\_\_\_\_ Do Not \_\_\_\_\_ Consent to and authorize the use and reproduction by Loving Long Ears Donkey Therapy & Sanctuary, Inc., of all photographs and any other audio/visual materials taken of me for social media, promotional material, educational activities, exhibitions or for any other use.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian if under 18)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_