



AHEAD With Horses

10157 Johanna Ave, Shadow Hills, CA 91040 • (818) 767-6373 • awhla.org

LIABILITY RELEASE FORM

PLEASE WRITE LEGIBLY

Name of Participant: _____

Date of Birth (optional if over 18): _____

Street Address: _____

City, State, Zip: _____

Email: _____

Check if you DO NOT want to be added to our email list We may still email you with volunteering information

Primary Phone: _____ Alternate Phone: _____

Cell phone?: Yes No

Cell phone?: Yes No

How did you hear about us?

- AHEAD With Horses Website
- School: _____
- NCL: _____ Chapter
- Boy Scouts Troop # _____
- Instagram
- Prior Volunteer
- Facebook Page
- Internet Search
- Volunteer Match
- Friend / Family: _____
- Live in Area / Drove By
- Other: _____

I/We voluntarily wish to participate and/or give permission for my/our child to participate in AHEAD With Horses, Inc. in Shadow Hills, California.

I/We agree voluntarily to hold harmless and indemnify AHEAD With Horses, the American Vaulting Association, all Board members, instructors, horse owners, agents, employees, property owners, and all entities, heirs and assigns associated with this program. I/WE UNDERSTAND THAT THERE ARE PHYSICAL RISKS INVOLVED IN ANY HORSE-RELATED ACTIVITY. Additionally, I/We hereby authorize any emergency treatment deemed necessary at no liability or expense to those named above.

I/We also agree to allow photographs, video, etc. to be taken of me/my child which may be for used for any purpose.

I/We understand that being in a public location has an inherit risk of exposure to COVID-19, even with all of the infection control measures that are in place at AHEAD With Horses, Inc. I/We understand that if I do not comply with their safety protocols, I will be asked to leave. **ALL VOLUNTEERS ARE REQUIRED TO BE VACCINATED.**

Vaccine Brand: J&J Moderna Pfizer/Comirnaty

First Dose: ____ / ____ / ____ Second Dose: ____ / ____ / ____ Booster: ____ / ____ / ____

Signature: _____ Date: _____

Print Name: _____

Guardian Signature: _____ Print Name: _____
(If under 18 or Conservatorship)