



Valkyrie's Kindred Keep

Volunteer Application, Liability Waiver & Photo Release

Therapeutic Riding Program • Volunteer Packet

Thank you for your interest in volunteering with Valkyrie's Kindred Keep. Our program is rooted in respect for the horse as a sentient partner and in creating a safe, supportive, and heart-centered environment for every rider, family, and volunteer.

1. Volunteer Information

Full Name: _____

Date of Birth: _____

If volunteer is under 18, parent/guardian name:

Phone: _____

Email: _____

Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

2. Experience & Background

Do you have prior horse experience? None Beginner Intermediate Advanced

If yes, please briefly describe your experience:

Do you have experience in any of the following areas?

Children or youth programs

Individuals with disabilities

Teaching or coaching

Group facilitation

Barn or horse care

Customer service / events

Please describe any relevant experience:

3. Interest & Availability

What inspired you to volunteer with Valkyrie's Kindred Keep?

Which areas are you most interested in helping with?

- | | |
|---|---|
| <input type="checkbox"/> Side walking during sessions | <input type="checkbox"/> Horse handling / leading |
| <input type="checkbox"/> Grooming and horse care | <input type="checkbox"/> Barn help / chores |
| <input type="checkbox"/> Set-up / clean-up | <input type="checkbox"/> Community events / outreach |
| <input type="checkbox"/> Administrative support | <input type="checkbox"/> Fundraising / special projects |

General availability:

- | | | | |
|---------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday | |

Preferred times: Morning Midday Afternoon Evening

How often would you like to volunteer? Weekly Bi-weekly Monthly Occasional / Events only

4. Physical Ability & Safety

Volunteering may include walking on uneven ground, standing for extended periods, supporting riders, and working around horses in an active ranch environment.

Are you able to walk/jog alongside a horse for short periods? Yes No

Are you able to lift up to 25 pounds? Yes No

Are you able to follow verbal instructions in an active environment? Yes No

Please list any injuries, limitations, allergies, or medical considerations we should be aware of (optional): _____

5. Values & Responsibility

Do you understand that safety for riders, horses, and volunteers is our highest priority? Yes No

Are you willing to attend volunteer orientation and required training before assisting in sessions?

Yes No

Are you open to ongoing learning, guidance, and feedback?

Yes No

Have you ever been convicted of a felony?

Yes No

If yes, please explain (this does not automatically disqualify you):

What does working in a respectful, horse-centered environment mean to you?

Volunteer Liability Waiver & Assumption of Risk

Please read carefully before signing.

Acknowledgment of Risk. I understand that volunteering at Valkyrie's Kindred Keep involves inherent risks, including risks associated with horses, livestock, ranch equipment, uneven ground, weather conditions, physical activity, and the unpredictable behavior of animals and people.

Assumption of Risk. I voluntarily choose to participate in activities at Valkyrie's Kindred Keep and knowingly assume the ordinary risks associated with being on the property and participating in volunteer duties, whether mounted or unmounted, around horses and related activities.

Release of Liability. To the fullest extent permitted by law, I release and hold harmless Valkyrie's Kindred Keep, its directors, officers, staff, volunteers, property owners, and affiliated representatives from claims, demands, causes of action, damages, losses, or injuries arising out of or related to my participation as a volunteer, except in cases of gross negligence or willful misconduct where prohibited by law.

Medical Care. In the event of an emergency, I authorize Valkyrie's Kindred Keep to seek emergency medical care on my behalf if I am unable to do so. I understand that I am responsible for any medical expenses incurred.

Safety Expectations. I agree to follow all safety instructions, wear appropriate clothing and footwear, communicate honestly about my abilities and limitations, and refrain from participating if I am ill, impaired, or otherwise unable to do so safely.

Photo / Media Reference. I understand that any permissions regarding photography or media use are addressed separately in the attached photo release form.

Volunteer Name (print):

Date:

Volunteer Signature:

Parent/Guardian Name (if under 18):

Date:

Parent/Guardian Signature:

Photo & Media Release

I grant permission to Valkyrie's Kindred Keep to photograph and/or record me during volunteer activities and to use those images, video, or audio recordings for program, educational, social media, website, fundraising, and promotional purposes without compensation.

I understand that names are not required to be used with images and that Valkyrie's Kindred Keep will make reasonable efforts to represent volunteers respectfully and appropriately.

Please select one: I give permission I do not give permission

Volunteer Name (print):

Date:

Volunteer Signature:

Parent/Guardian Signature (if under 18):

Date:
