



Lee-Mar Ranch Equine Center  
and MN Valley Riding Academy  
Healing *Hearts* with *Hands & Hooves*

**Volunteer Agreement & Liability Release**

Name: \_\_\_\_\_ DOB (Optional if over 18): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

E-mail Address (optional): \_\_\_\_\_

1 I, \_\_\_\_\_ (name) on this date \_\_\_\_\_ acknowledge that I have voluntarily applied to Lee-Mar Ranch Equine Center, Inc to participate in activities at the Arena facility on State Hwy 212, Granite Falls, MN

2 I am aware that there may be hazards associated with these activities and I am voluntarily participating in them with the knowledge of those potential hazards. I hereby agree to accept all risks of injury and death.

3 As consideration for being permitted by the Lee-Mar Ranch Equine Center, Inc to participate in these activities and use their tools and facilities, I hereby agree that I, and my assignees, heirs, distributees, guardians, and legal representatives will not make claim against, sue, or attach the property of Lee-Mar Ranch Equine Center, Inc, or the suppliers of any tools or equipment I will use, for injury or damage resulting from my participation in any activities, and I hereby release Lee-Mar Ranch Equine Center, Inc from all actions, claims, or demands that I, my assignees, my heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury ie damage resulting from my participation in these activities.

4 I hereby release and forever discharge Lee-Mar Ranch Equine Center, Inc from any claims whatsoever which arise or may hereafter arise on account of any first aid, treatment, or service rendered in connection with participation in activities at the clinic during the course of my volunteer work.

5 I agree that this Volunteer Agreement ("Agreement") is intended to be as broad and inclusive as permitted by the laws of the State of Minnesota, and that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Minnesota. I agree that in the event that any clause or provision of this Agreement shall be held to be invalid by any other court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement, which shall continue to be enforced

***Please complete, sign and date the Emergency Contact Information below. Individuals without a completed form will not be allowed to participate in volunteer activities.***

I have carefully read this AGREEMENT and I fully understand its contents. I am aware that this is a release of liability and a contract between myself and Lee-Mar Ranch Equine Center, Inc. I am signing this document of my own free will.

Volunteer's Signature \_\_\_\_\_

***If the volunteer is under the age of 18, a parent or legal guardian must also sign.***

Parent or Guardian Signature \_\_\_\_\_

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

**Emergency Contact Information** (Please provide at least 2):

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

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