Volunteer Positions:

Dear volunteers, we are so happy that you are interested in helping us out at the ranch. Your commitment, knowledge, and fun spirit is what makes the ranch a fun and exciting place to be with the horses and kids. These hours can also be earned for school volunteering hours needed and college applications. I have listed below the positions that we would like to fill for lessons and summer camp this summer. Please check off all positions you would like to commit to for the full summer or full week of summer camp. We thank you again for your dedication and love for the horses and this program!

Volunteer Name:	Parent Name:	Date:
Volunteer Phone Number:	Parent Phone Number:	
Volunteer Address:		
Emergency Contact:	Emergency Phone Number:	
Stu	dent Assistant for Lesson's	
horse from their stall or pasture. They wi they will help with ranch chores such as s	See Below. This is a weekly commitment. Assist lassist them with saddling and bridling. When weeping mats and tack room, cleaning helmets. Please see days and times below for job posi	there is no students to help, s and grooming tools, raking dirt

- Lesson Assistant: Monday-Thursday. Usually volunteer 1 day for 2-4 hours. But can discuss
- To Be Determined days and times. Hours are usually 2-4 hours on any given day
 If you know you want to assist in evening lessons, please check box above and we will contact you.

STABLE ASSISTANTS

____Stable Assistant: volunteers help clean horse poop from stalls and arena. This is a whole summer position. This is a Monday through Friday position. The hours would be first thing in the day. 7-9am.

Horse Care:

Saturday and Sunday pm.	Will turn out horses,	, feed them, t	take off fly mask, fil	l waters, sweep l	nay area.
Sunday am: Bring horses i	n from arena, put on	fly mask, fee	ed breakfast, sweep	aisle and hav ar	ea.

Volunteer Earnings:

Lesson/ Stable Assistant. You will earn:

Volunteer for 4 hours/week: earn 1 group lesson/ week

Volunteer for 6 hours/week: earn 1 private lesson/week

Volunteer for 8 hours/week: earn 2 group lessons

*If you would like to discuss further volunteer hours and commitments, please call or see me and we can talk. I look forward to working with all of you.

^{**}Please note, as a volunteer, you are working for your earned hours, and therefore we will fill in the hours we need with assistants first. We will do our very best to give the lesson times you would like to volunteer. Thank you so much for your assistance.

Student Agreement

At Heavens Hoofprints Equestrian Center we love that kids want to be helping hands at the ranch. We want to encourage students to participate and be involved as much as they like. We created the volunteer job position to allow students who are 12 years and older, with at least 6 months of riding regularly, with Heavens Hoofprints, to apply for a volunteer position. We really enjoy working with the students and helping them learn a fun job skill, they learn responsibility, and they become mentors to the younger or more beginner students. While we do a lot of on the job training, we do offer training sessions for each season for all volunteers. To be a volunteer with Heavens Hoofprints Equestrian Center, students are expected to attend the training sessions for the season they are volunteering. This training allows us to go over the protocol in helping students, teaches safety around the horses, we go over emergency procedures, and it allows for fun bonding time with all volunteers. Heavens Hoofprints also tries to help students learn to be responsible with their hours. Please be on time for your volunteer hours. Showing up 15 minutes early is always a good plan to set your things down and get ready before the kids show up. We will provide a rooster list of all the volunteers available to volunteer. If a volunteer is going to miss their volunteer hours, they will be expected to find a volunteer to replace them. If they can't find a volunteer they will be expected to come in. Please help each other out if you are available, this is beneficial for everyone. Our students and Mrs. Christine depend on her volunteer employees as much as you depend on me to have horses for you to ride during your lesson time. You are a very valuable person to this program. It is always a good plan, if you know you're going to be gone for vacation, to start asking who can cover you right away, so you are not stuck a few days before. I really appreciate all your efforts. We encourage and love that the students make friends at Heavens Hoofprints. We also want to remind students that when you volunteer that you are here as an employee and representative of Heavens Hoofprints. Please remember to never use bad language or course joking, please be respectful to all adults whether they are parents or other instructors or leaders, please bring any complaints to Mrs. Christine and please do not gossip about anyone. Please remember that when you are working, Mrs. Christine expects you to first make sure your horses and gear are ready for the students coming. You next job is to help all students that are there to take a lesson. If you finish helping all students, please ask or look around for how you can be helping hands. Please feel free to ask how you can help if all your responsibilities are complete. Mrs. Christine wants you to be independent and responsible. Please try to look around and see how you can be helpful to the students and the ranch. There is always something to do for the horses, students, and ranch. If you can agree to be responsible for your committed hours or find someone to fill your hours and you are ready to be an assistant at Heavens Hoofprints, then please sign below. We welcome you with open arms and with big hugs.

Student Name:	Parent Name:
Student Phone Number: .	Parent Phone Number:
Student Signature:	Parent Signature:
Stadent Signature.	Tarent Signature.
Date:	

Heavens Hoofprints Equestrian Center

Medical Release Form

Parent/Legal	Guardian's	Name	e:					
Address:								
Phone #s:	Home Work Cell Other	<u></u>)			- -		
Childre	en's Name	s	and/or [Orug Allergie	s. In Addition	n, Include A	ng Food Allergi ny and All O∨e en Regularly.	
In an emerge Relationship Phone #s:	to child/chi	ldren:						
Phone #s:							 	
Or contact:								
Relationship	to child/chi	ldren:						
Phone #s:								
Physician's N	lame:							
Address:								
Phone #s:	() _			(
Dentist's Nan	ne:							
Address: Phone #s:	() .			()	-	

If you have any special instructions for us, please list them here. Thank you.

	Primary Insurance Company:		
		(
	Billing Address:		
	Policy Holder's Name:		
	Address:		
	Relationship to child/children:		
	ID #:		ŧ
	Secondary Insurance Company: _		
		(
	Billing Address:		
	Policy Holder's Name:		
	Relationship to child/children:		
	ID #:	Group/Policy #	t
		y or non-emergency situation requiring the serving and a serving grant permission for any and a serving and a serving for any and a serving for a serving and a serving for the secommendation of the surgery, under the recommendation of surgery, under the recommendation of the secommendation of the secommenda	ng medical treatment, I, ll medical and/or dental attention to ness, until such time as I can be con- st aid, the use of an ambulance, and n of qualified medical personnel.
As part of keeping your ch children from the ranch.	ild safe, we ask that you please	list all adults you give per	mission to pick up your child,
1.			
2.			
3.			
4.			
5.			

Heavens Hoofprints Equestrian Center Riding Agreement

Release of Claims and Indemnity Agreement

The undersigned being of lawful age, desires to participate in equestrian activities with Heavens Hoofprints Equestrian Center located at 31050 Burlwood Dr., Castaic, Ca. 91384. The undersigned acknowledges that there are dangers and risks of injury inherent in these equestrian activities, but still desires to participate in these activities.

THEREFORE, the undersigned, for and in consideration of the opportunity to participate in these equestrian activities and for other good and valuable consideration, does hereby forever release, acquit, and forever discharge company, individuals, their employees, agents, and all other persons, corporations, associations, or partnerships in any way involved in said business or the ownership of land or personal property used in said business from any and all claims, actions, causes of action, demands, rights, damages, and costs whatsoever which the undersigned may have or incur on account of, or in any way growing out of, any and all known and unknown, foreseen and unforeseen, bodily and personal injuries and/ or property damage or the consequences thereof resulting from any accident, casualty or event involving the undersigned and arising out of equestrian activities.

IT IS EXPRESSLY UNDERSTOOD by the undersigned that the undersigned would not be permitted to engage in equestrian activities without this release whereby the undersigned, regardless of fault, agrees to fully release the releasee from any and all responsibility of accident or injury.

IT IS ACKNOWLEDGED THAT PROTECTICE HEAD GEAR IS TO BE WORN AT ALL TIMES WHEN PARTICIPATING IN ANY EQUESTRIAN ACTIVITY. RIDER'S WHO REFUSE TO WEAR PROTECTIVE HEAD GEAR WILL NOT BE ALLOWED TO PARTICIPATE IN ANY EQUESTRIAN ACTIVITIES.

FURTHER, in the consideration of allowing me to participate in such activities, the undersigned hereby expressly agrees to indemnify and save harmless the releasee from any and all claims or damages, (including cost and expenses of defending any claims or lawsuits) which might be made against releasee by reason of , or in any way arising out of such equestrian activities, including any claims or losses to or caused by other riders, users, guest, invitees, or persons incidentally involved in activities or on said premises, or any combination thereof.

The undersigned further declares and represents that no promise, inducement, or agreement not herein expressed had been made to the undersigned and that this release contains the entire agreement between two parties hereto and that the terms of this release are contractual and not a mere recital.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Date this day of, 20	*If under 18, Parent/ Guardians Signature Required*		
Rider's Name:	Rider's Age:	Riders Experience: BEG. /INT. /ADV. (circle one)	
Rider /Parent Signature* (if under 18)			
Rider/ Parent Phone Number:			
Address:	E	E-Mail:	