

**JEFFERSON COUNTY HORSE COUNCIL
LARGE ANIMAL EMERGENCY EVACUATION TEAM
PO BOX 1177
GOLDEN, CO 80402-1177**

VOLUNTEER LIABILITY RELEASE AGREEMENT

**WARNING:
UNDER COLORADO LAW AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 13-21-119 COLORADO REVISED STATUS.**

PLEASE PRINT CLEARLY

NAME OF VOLUNTEER: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

DAY/PHONE:() _____ EVENING:() _____ OTHER:() _____

EMAIL ADDRESS: _____

SHIFT(S)/DAY(S) AVAILABLE TO WORK: _____

AGREEMENT

I understand the potential dangers that I may incur by my choice to come in contact with, work around, and/or handle horses/animals. I understand the risks and I do, **HEREBY, release the Jefferson County Horse Council** from any and all liability in the event of any injury, damage of any nature, including death to me that may result from choice to come in contact with horses/animals.

I have received a copy of the **Jefferson County Horse Council Large Animal Emergency Evacuation Volunteer Rules**, have read these rules and will strictly adhere to these rules.

I have read this document and I affirm I am at least 18 years of age. I understand that it is a release of any and all claims. I agree and voluntarily sign my name stating that I do accept this agreement and accept any and all responsibility for any and all injuries to myself which I may incur.

Signature of Volunteer: _____ Date: _____

EMERGENCY MEDICAL INFORMATION (Optional) PLEASE PRINT

Person(s) to contact in case of an emergency:

1) Name: _____

2) Name _____

Relationship: _____

Relationship: _____

Phone: () _____

Phone: () _____

Preferred Hospital: _____ Insurance Carrier _____ Policy# _____

Please list special conditions, allergies, diabetes etc. _____