



LCAR- EQUINE RESCUE

Non Profit 501c3 #26-2147632

PO Box 2669, Lebanon, Or 97355

linncountyanimalrescue@yahoo.org

541-258-3422

Volunteer Application & Liability Release Form

"Speaking for those who can't"

Name _____ Date _____

Address _____ City _____ St _____ zip _____

Cell phone _____ Home phone _____

_____ email _____

Date of Birth _____ Oregon Drivers License # _____

Emergency Contact _____ Phone _____

I would like to volunteer for: **Check as many as you like**

Fundraising

Hands On

_____ Donations

_____ Stall Cleaning

_____ Manning a booth

_____ Feeding

_____ Set up/take down booth

_____ Animal Care

_____ Speaker

_____ Carpenter

Release of Liability

I, _____, release any person connected with Linn County Animal Rescue from any liability in connection with my participation in, or at, the rescue. This includes but is not limited to: Linn County Animal Rescue, volunteers, professionals, sponsors, or individuals, including donated medication and other items. I understand that this RESCUE is a non profit for the benefit of the horses. I accept the fact of the inherent risk that goes with any horse related activity and agree to hold harmless anyone connected with the Rescue.

I fully comprehend and willingly assume the responsibilities and risks of participating in this event.

Participants signature _____ Date _____

Address _____

Phone _____ Cell _____ email _____

Parent/Guardian printed name (if under 18) _____

Parent/Guardian signature (if under 18) _____