



**NEW STRIDE THOROUGHBRED RETIREMENT FOUNDATION**

**Volunteer Registration Form & Waiver:**

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**Personal information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**Home Tel:** \_\_\_\_\_ **Business Tel:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Personal references:**

**Name:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

**Current BC Horse Council member number:** \_\_\_\_\_  
*\* Please provide a photocopy of current certificate*

**I would like to volunteer with the Foundation because:**

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I, \_\_\_\_\_  
 hereby agree to work within the parameters and rules set forth by the foundation. I agree to hold harmless the New Stride Thoroughbred Retirement Foundation and its committee members, the owners of the horses, the landlords, tenants or owners of any donor farms I may visit while acting in the capacity of a volunteer, of any risk, damage, personal accident, injury, resulting in grievous bodily harm or death. I understand that I am operating totally at my own risk, and that any involvement with horses can be a potentially dangerous occupation.

In witness thereof, I have hereunder set my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**Volunteer Signature:**     **X** \_\_\_\_\_

**Volunteer Name:** \_\_\_\_\_

**Witness Signature:**     **X** \_\_\_\_\_

**Witness Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Tel:** \_\_\_\_\_