



6919 Keystone Road
Richmond IL 60071
815-653-9374
info@mainstayfarm.org

2024 Volunteer Registration and Release Form

Name: _____ Date of Birth: _____

Year Started at Main Stay: _____ T-Shirt Size: _____

Street address: _____

City, State, Zip: _____

Phone: (_____) _____ Email: _____

Preferred Communication (please circle): Phone Call Text E-mail

Please check this box if your contact information is **different** than last year

Please list any medical information which we would need to know in case of an emergency:

In case of emergency contact: _____ Ph. # _____

Or contact: _____ Ph. # _____

As a volunteer at Main Stay Therapeutic Farm, ***your time is priceless to us in so many ways.*** Volunteer hours are not only essential to Main Stay's operations, but also for grants and other funding opportunities. If you have any questions, please call/text or email the Volunteer Coordinator at 815-382-9374 or vc@mainstayfarm.org

Thank you for your gift of time!

LIABILITY RELEASE

I _____ (Name) acknowledge the risks and the potential for risks of attending lessons or activities around horses and other farm animals inside and outside the Main Stay facility. However, I feel that the possible benefits are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Main Stay Therapeutic Farm, Inc., its Board of Directors, instructors, therapists, aides, volunteers and/or employees for any and all injuries and/or losses I/my minor children present may sustain while participating and attending activities in a Main Stay Therapeutic Farm, Inc. program.

Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risk of equine activities. ~IL PWA-89-0111~

Date: _____ *Signature: _____

Name (*If under 18 a parent or guardian must sign)

(Turn page over for photo release)



PHOTO RELEASE

I _____ DO,
Printed name

OR

I _____ DO NOT,
Printed name

hereby grant irrevocable and unlimited consent to the use and reproduction by Main Stay Therapeutic Farm Inc., its assigns, licensees and legal representatives, of any and all photographs and any other audio/visual materials taken of me, my child or my ward, in all forms and media (including but not limited to printed media, digital media, web sites, video and audio productions). The materials may be reproduced in all forms including composite, altered or derivative works, for promotional material, educational activities, exhibitions or for any other lawful use for the benefit of the program.

I hereby waive the right to inspect and approve the finished version(s) including any copy that may accompany the materials. I hereby release Main Stay and its employees, volunteers, assigns, licensees and legal representatives from all claims and liability relating to said materials. I sign this release as a person with, or the parent or guardian of a person with special needs, understanding that use of these materials will make them available to the general public.

I have read and understand the above release, am over 18 and have the capacity to sign this release of my own free will.

Signature: _____ Date: _____

OR:

I am the parent or guardian of the minor child or dependent adult named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Signature: _____ Date: _____

Printed name of person photographed _____

Address: _____