

VOLUNTEER/WORKING STUDENT CONTRACT

WHEREAS, the UNDERSIGNED acknowledges the inherent risks involved in riding and working around horses, which risks include, but are not limited to bodily injury from using, riding, or being in close proximity to horses and further, that both horses and rider can be injured in normal use on or in competition and schooling.

IN CONSIDERATION, wherefore, for the privilege of riding and/or working around horses in training or during instruction with **European Equestrian Concepts, Inc.**, the undersigned does agree to hold harmless and indemnify **European Equestrian Concepts, Inc.: Karen Ball, Zoë Steele-Rand, and any Associates Thereof**, and further release them from any liability or responsibility for accident, damage injury, illness or death to the undersigned or accompanying the undersigned while involved with equestrian related activities associated with **European Equestrian Concept, Inc.**

IT IS REQUIRED for all minors (under the age of 18) to wear regulation protective headgear and riding boots at all times while engaged in any riding activities. All riders including amateur and professionals are recommended to wear regulation protective headgear and riding boots while engaged in any riding activity.

Liability and Insurance: During the time at EEC it is expressly agreed and understood that the EEC shall not be liable for sickness, disease, theft, injury or death. Further, it is agreed that the EEC shall not be liable for any personal injury or disability that the volunteer/working student may receive while on Coto Valley Equestrian Center premises or other facility.

The volunteer/working student acknowledges that this contract shall begin on _____ and will end on _____. Early termination by the undersigned shall be accompanied by a **2 week written notice**. _____(Initial)

Termination: Either party may terminate this agreement for failure of the other party to meet any material terms of this agreement with a two week written notice. _____(Initial)

Signature _____ Date _____
(Signature of parent or guardian if volunteer/ working student is a minor under 18 years)

Name _____
(Name of parent or guardian if volunteer/ working student is a minor under 18 years)

Name _____
(Name of volunteer/ working student)

Address _____

Home Phone _____ Business Phone _____

In the event of an emergency please contact:

1. _____ Phone: _____

2. _____ Phone: _____