



**Date:** April 6, 2009  
**To:** Lovelane Volunteers  
**From:** Lisa Williams, Volunteer Coordinator  
**Re:** Scheduling for **Summer & Fall 2009**

It is time to schedule for the summer semester! Our summer semester is July 1<sup>st</sup> to August 31<sup>st</sup>. Also, because of the very short summer semester, we ask that you complete the fall semester information at this time as well. Our fall semester is September 1<sup>st</sup>, 2009 to January 31<sup>st</sup>, 2010.

**Enclosed you will find:**

- A Description & Availability Form for the **Summer '09** Workshops
- A Schedule Availability Form for the **Summer '09** semester
- A Schedule Availability Form for the **Fall '09** semester
- Volunteer Skill Form (If you haven't returned this before)

Please complete and return **ALL** forms by May 1<sup>st</sup>, 2009. If you do not know your fall schedule by May 1<sup>st</sup>, please indicate the estimated date you will know your fall schedule on the fall form.

If you have any questions, please call Lisa at the Lovelane office, 781/259-1177, extension 26.

Thanks for volunteering with Lovelane!



## SUMMER 2009 WORKSHOPS

### VOLUNTEER SIGN UP SHEET

This summer we are offering four 3-day and one 5-day “Horsemanship Summer Workshops”, and one “Vaulting Workshop” to Lovelane students. We are also offering three 4-day “Invitational Workshops” to non Lovelane students. The horsemanship workshops are a comprehensive, **Three** or **Five** days (3 hours a day) experience, from 9:00 a.m. to 12:00 p.m. each day, and the vaulting workshops are **Five** days (3 hours a day) from 10:00 a.m. to 1:00 p.m. The invitational workshops are **Four** days (4 hours a day) from 9:00 a.m. to 1:00 p.m. Each workshop will have anywhere from 2 – 6 kids participating. Our goal is to have one volunteer staff for each student participating, plus one or two instructors.

If you are interested in volunteering for a workshop, it is ideal that you are available for **all** days of the workshop, but if you can only do some days of a workshop, please let us know. You can sign up for more than one workshop.

#### **2009 3-day Workshop Dates:**

- July 1 - July 3 (9:00 – 12:00)
- July 7 - July 9 (9:00 – 12:00)
- July 22 - July 24 (9:00 – 12:00)
- August 3 - August 5 (9:00 – 12:00)
- August 10 - August 12 (9:00 – 12:00)

#### **2009 5-day Workshop Dates:**

- July 27 - July 31 (9:00 – 12:00)

#### **2009 5-day Vaulting Dates:**

- July 6 - July 10 (10:00 – 1:00)

#### **2009 4-day Able-bodied Dates:**

- June 29 - July 2 (9:00 – 1:00)
- July 13 - July 16 (9:00 – 1:00)
- August 24 - August 27 (9:00 – 1:00)

\_\_\_\_\_ # Workshops interested in volunteering

Please check of all your available dates  
(There is a chance that all Workshop dates may not be filled.)



40 Baker Bridge Road, Lincoln, MA 01773  
(tel) 781/259-1177 (fax) 781/259-4877

Please Return This Form ASAP.  
Thank You.

## Volunteer Information Form

**Summer Semester 2009**  
**(July 1<sup>st</sup> – August 31<sup>st</sup>, 2009)**

Date: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

PHONE / E-MAIL: Tel (home): \_\_\_\_\_ Tel (work): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

IF STUDENT:

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

SCHEDULE PREFERENCE: \_\_\_ \*Weekly: # of days per week: \_\_\_\_\_ # hours per week: \_\_\_\_\_

\*(Please sign up for a weekly slot only if you can honor this commitment.)

\_\_\_ Call on an as needed basis / Fill-in

\_\_\_ Other \_\_\_\_\_

AVAILABILITY: *please indicate specific times available (example 1:30-4:30)*

Mornings

Afternoons

Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

RELEVANT EXPERIENCE (IF NEW TO LOVELANE OR HAVE NEW INFORMATION):

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40 Baker Bridge Road, Lincoln, MA 01773  
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Please Return This Form ASAP.  
Thank You.

## Volunteer Information Form

### Fall Semester 2009

(September 1<sup>st</sup>, 2009 – January 31<sup>st</sup>, 2010)

Date: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

PHONE / E-MAIL: Tel (home): \_\_\_\_\_ Tel (work): \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

IF STUDENT:

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

SCHEDULE PREFERENCE: \_\_\_ \*Weekly: # of days per week: \_\_\_\_\_ # hours per week: \_\_\_\_\_  
\*(Please sign up for a weekly slot only if you can honor this commitment.)  
\_\_\_ Call on an as needed basis / Fill-in  
\_\_\_ Other \_\_\_\_\_

AVAILABILITY: please indicate specific times available (example 1:30-4:30)

	<u>Mornings</u>	<u>Afternoons</u>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

RELEVANT EXPERIENCE (IF NEW TO LOVELANE OR HAVE NEW INFORMATION):

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# *Lovelane Special Needs Horseback Riding Program, Inc.*

## **RELEASE AND INDEMNIFICATION**

This release and indemnification is made by and between the undersigned participant (the "Participant" including but not limited to students, compensated and non-compensated employees), the undersigned Participant's parents (the "Participant's Parents") and any and all persons and parties now or hereafter having any interest in the charitable organization known as Lovelane Special Needs Horseback Riding Program, Inc., a Massachusetts corporation, together with any and all employees, agents and servants of Lovelane Special Needs Horseback Riding Program, Inc.; any and all sponsors, judges, volunteers, interns, coordinators, officials, benefactors and any other individual or entity having any connection with or relation to Lovelane Special Needs Horseback Riding Program, Inc. (collectively, "Lovelane"). Lovelane provides horseback riding lessons, outdoor activities and volunteer opportunities related to horsemanship and the care and upkeep of horses, other animals and farms to individuals, including but not limited to children with physical, emotional and mental challenges (the "Program"). Lovelane owns, leases, and/or utilizes stable, pasture, indoor and outdoor arenas and related spaces at the properties known as and located at 40 Baker Bridge Road in Lincoln Massachusetts, 9 Cambridge Turnpike in Lincoln Massachusetts and 21 Plain Road in Weston Massachusetts (collectively, the "Farm"; the owners, from time to time, of the properties comprising the Farm are referred to herein collectively as the "Landlord"). Lovelane owns, leases, cares for and/or maintains certain horses used or to be used in connection with the Program (the "Horses"). As used herein, the word "horse" shall include horses and ponies of every kind. The Participant wishes to participate in the Program and ride and work with the Horses at the Farm and/or at such other places as Lovelane conducts its activities, including but not limited to horse shows, clinics, fairs, expositions, schooling sessions and the like conducted away from the Farm. The Participant and the Participant's Parents desire that the Participant have the opportunity to participate in the Program and ride and work with the Horses at the Farm and/or at such other locations as Lovelane conducts its activities. **Lovelane will not permit the Participant to participate in the Program or work with or ride the Horses without the execution of this release and indemnification which is of material significance to Lovelane** The Participant and the Participant's Parents hereby acknowledge and agree that the activities contemplated hereby are "equine activities," that Lovelane and the Landlord are each an "equine professional" and/or an "equine activity sponsor," and the Participant is a "participant" all as defined by Massachusetts General Laws Chapter 128, Section 2D.

**NOW THEREFORE**, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Participant and Participant's Parents agree as follows:

1. **Inherent Risks.** The Participant and Participant's Parents acknowledge and understand that horses and activities related to horses are inherently dangerous and that there are dangers and risks which are an integral part of equine activities. Despite these inherent risks, the Participant has chosen, and Participant's Parents have chosen to allow the Participant, to ride and/or work with and around the Horses (the "Activities").

2. **Participant's Representations.** The Participant and the Participant's Parents have been provided with medical and informational intake forms by Lovelane. The Participant and the Participant's Parents hereby certify that the information contained therein is true and accurate in all respects. Participant and Participant's Parents hereby acknowledge that Lovelane will and may rely on the information disclosed thereby without further inquiry or investigation. If, at any time, the medical, physical, emotional or mental condition of the Participant shall change in any material respect or if any of the information required to be disclosed by such forms shall change in any respect, Participant and Participant's Parents shall immediately notify Lovelane in writing. In no event shall Lovelane be responsible for inquiring into the condition of the Participant's physical, medical, emotional or mental condition or any change in such condition. The Participant represents, warrants, covenants and agrees that he or she will not ride or otherwise use any horse, whether owned by Lovelane, the Participant or another, in any activity or for any purpose if the Participant is unable to safely manage, control and ride such Horse. If, at any time, the Participant or Participant's Parents believe that the Participant is unable to safely manage the Horse, he or she shall immediately dismount the Horse and notify Lovelane.

3. **Equipment.** The Participant and Participant's Parents acknowledge and understand that the equipment used in connection with the Activities, including but not limited to saddles, bridles, bits, brushes, pitchforks, shovels, brushes, combs and hoof picks are each given to wear and tear. The Participant and Participant's Parents agree to use the utmost care at all times while at the Property and to inspect all equipment carefully for evidence of defects or breakage. In the event that the Participant or Participant's Parents locate any defects or breakage in any equipment owned or utilized by Lovelane, he or she shall immediately notify Lovelane. In no event shall Lovelane be held liable for any injury to or death of the Participant caused by any defect in any equipment, whether or not such equipment is owned, utilized and/or provided by Lovelane.

4. **Helmets.** The Participant and Participant's Parents hereby acknowledge that they have been warned of the dangers involved in failing to wear protective headgear and that Lovelane **REQUIRES** that all individuals who are able to do so wear ASTM-SEI approved protective headgear, with chin strap securely fastened, at all times while working with or riding any Horse on the Property. Certain children may not be able to wear an ASTM-SEI approved helmet due to physical limitations. In such cases, pursuant to the guidelines of the North American Riding for the Handicapped Association, Inc., the child may wear an alternative helmet. The Participant and the Participant's Parents acknowledge that there are additional risks posed by riding a horse without a helmet approved for horseback riding and specifically agree to indemnify, defend with counsel acceptable to Lovelane and hold Lovelane harmless for any injury or damage resulting, directly or indirectly, from the failure of Participant to wear an approved helmet.

5. **Release.** The Participant and Participant's Parents agree that they shall not hold Lovelane or Landlord liable for any injury to or the death of the Participant or Participant's Parents resulting from or related to his or her involvement in equine activities and/or the Activities. The Participant and Participant's Parents hereby remise, release and forever discharge Lovelane and Landlord for him or herself and his or her heirs, executors and administrators, of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that he or she now has or hereafter can or may have or which his or her heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death of the Participant or the Participant's Parents caused by or in any manner related to equine activities and/or the Activities.

6. **Indemnification.** The Participant and Participant's Parents further indemnify, agree to defend with counsel acceptable to Lovelane and hold Lovelane and Landlord harmless for any injury or damage caused, directly or indirectly, by the Participant or Participant's Parents to any person or the property of any person (including, without limitation, damage to Lovelane, Lovelane's property, the Property and/or any of the Horses), which injury or damage is caused, directly or indirectly, in whole or in part, by the Participant or Participant's Parents. The Participant's Parents hereby acknowledge and agree if the Participant does not have sufficient funds to fully indemnify Lovelane an Landlord, they shall be personally and jointly and severally liable to Lovelane for any such injury or damage.

7. **Consent to Emergency Medical Care.** In the case of any injury or apparent injury to the Participant while at the Property and/or riding the Horses, the Participant and Participant's Parents hereby authorize Lovelane and any agent or employee of Lovelane, to seek medical care and attention for the Participant, including but not limited to arranging for an ambulance to take the Participant to any medical care facility, transporting the Participant to any medical care facility and consenting to treatment, medication and/or surgery for the Participant. The Participant and Participant's Parents acknowledge that they shall be solely responsible for the payment of any medical costs and expenses incurred on behalf of the Participant and hereby indemnify and agree to hold harmless Lovelane for any costs incurred by Lovelane on behalf of the Participant.

8. **Parental Consent and Waiver of Consortium Claims.** The Participant's Parents hereby warrant and represent that they are the parents and lawful guardians of the Participant. The Participant's Parents, by their execution hereof, hereby agree and assent to the terms of this Agreement and execute this contract on behalf of their minor child, the Participant, intending it to be legally binding and fully enforceable against the Participant and themselves. The Participant's Parents, by the execution hereof, further remise, release and forever discharge for themselves and their heirs, executors and administrators, Lovelane and Landlord of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that they now have or hereafter can or may have or which their heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or the death of the Participant, including but not limited to actions for loss of consortium.

9. **Massachusetts Contract.** This Agreement is a Massachusetts contract and shall be interpreted and construed in accordance with the laws of The Commonwealth of Massachusetts, without regard to conflicts of laws principles.

10. The Participant and Participant's Parents hereby state under the pains and penalties of perjury that they have read this Release and Indemnification in complete detail, that they understand the consequences of executing this Release and Indemnification and that they execute this Release and Indemnification as an instrument under seal, as of the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_. This Release and Indemnification shall be binding upon the Participant and Participant's Parents each and every time the Participant rides or works with the Horses, without the need for re-execution, unless and until revoked in writing by the Participant and the Participant's Parents.

**Participant:** \_\_\_\_\_

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

**Participant's Parents Signatures:** \_\_\_\_\_

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

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

**WARNING**

**UNDER MASSACHUSETTS 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 2D OF CHAPTER 128 OF THE GENERAL LAWS.**

## **TRAIL RIDING RELEASE**

In addition to riding lessons conducted within the indoor and outdoor arenas, and horsemanship lessons taught at various locations, Lovelane periodically takes students for mounted trail rides on the properties located near the Property (the "Trails"). The Trails are not maintained by Lovelane and Lovelane does not have control over their condition. Lovelane has not undertaken to inspect the Trails for hazards which may exist on the Trails. In addition, the Horses may behave differently when being ridden on the Trails, such as being more prone to tripping or spooking. The Participant's Parents may elect to allow the Participant to ride on the Trails or may withhold such consent. The granting or withholding of consent will not otherwise affect the Participant's participation in the program and is completely voluntary. If the Participant's Parents elect to permit the Participant to ride on the trails, the Participant and the Participant's Parents specifically agree to hold Lovelane and Landlord harmless from any injury or death arising from the conditions of the Trails.

We do  or do not  authorize Lovelane to take the Participant horseback riding on the Trails.

**Participant's Parents Signatures:** \_\_\_\_\_

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

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



40 Baker Bridge Road Lincoln, MA 01773  
(tel) 781/259-1177 fax) 781/259-4877

Lovelane Special Needs Horseback Riding Program, Inc.

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## **Volunteer Emergency Contact Information**

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

In the event of an emergency, we will contact:

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

Relationship to Volunteer: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_



## LOVELANE PHOTO RELEASE FORM

For valuable consideration given and hereby acknowledged, the undersigned hereby grants to **Lovelane Special Needs Horseback Riding Program, Inc. (Lovelane)**, permission to take or have taken, still and moving photographs and films including television pictures of, \_\_\_\_\_, and consents and authorizes Lovelane, its advertising agencies, new media, and any other persons interested in Lovelane, and its work, to the use and reproduction of the photographs, films, and pictures to circulate and publicize the same by all means including without limit, the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

With regard to the forgoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of Lovelane to use or be used such photographs, films and pictures for the primary purpose of promoting and aiding its program and its work.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Name: \_\_\_\_\_  
(Please Print)

Signed: \_\_\_\_\_  
(To be signed by a parent or guardian if person is under the age of 18 or has a legal guardian)



Lovelane Special Needs Horseback Riding Program, Inc.

## Volunteer Skills Form

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am willing to assist in the following areas: (please check all that apply)

<b>Do you have any special talents, skills, technical/professional experience that you would be willing to share with Lovelane? Please list:</b>  
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<b>Committee Involvement:</b> <input type="checkbox"/> I would like to be considered for the Board of Directors <input type="checkbox"/> I would like to be on a sub committee <table><tr><td><input type="checkbox"/> Fundraising</td><td><input type="checkbox"/> Finance</td></tr><tr><td><input type="checkbox"/> Volunteer</td><td><input type="checkbox"/> Program</td></tr><tr><td><input type="checkbox"/> Parent</td><td><input type="checkbox"/> Event</td></tr><tr><td><input type="checkbox"/> PR/advertising</td><td></td></tr></table>	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Finance	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Program	<input type="checkbox"/> Parent	<input type="checkbox"/> Event	<input type="checkbox"/> PR/advertising	
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Finance							
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Program							
<input type="checkbox"/> Parent	<input type="checkbox"/> Event							
<input type="checkbox"/> PR/advertising								

<b>Lesson Volunteer:</b> <input type="checkbox"/> Grooming, tacking and leading a horse (must have horse experience) <input type="checkbox"/> Sidewalking a rider
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<b>Horse Care Volunteer:</b> <input type="checkbox"/> Stall and paddock cleaning <input type="checkbox"/> Tack cleaning <input type="checkbox"/> Other barn chores (sweeping, watering, etc.)
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<b>Administration Volunteer:</b> <input type="checkbox"/> Computer tasks (data entry, excel, word, research, etc.) <input type="checkbox"/> General office (mailings, filing, calls, etc.)
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<b>Fundraising/Development Volunteer:</b> <input type="checkbox"/> Writing/editing <input type="checkbox"/> Website design <input type="checkbox"/> Graphic Design <input type="checkbox"/> Marketing/public relations <input type="checkbox"/> Photography/videography
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<b>Event Volunteer:</b> <input type="checkbox"/> Event Planning <input type="checkbox"/> Event preparation/cleanup <input type="checkbox"/> Bake/cook <input type="checkbox"/> Work the day of an event (check-in, sign-up, food or t-shirt sales, etc.)
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<b>Business Skills:</b> <input type="checkbox"/> Finance <input type="checkbox"/> Human Resources <input type="checkbox"/> Facilities Management
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<b>Other:</b> <input type="checkbox"/> Landscaping/gardening <input type="checkbox"/> Repairs/carpentry
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**Thank you for volunteering.  
We will keep your information on file and contact you on an as needed basis.**



Lovelane Special Needs Horseback Riding Program, Inc.

LSNHR  
172H  
FE1026

**CHAPTER 6, § 172H CORI REQUEST FORM**

Lovelane Special Needs Horseback Riding Program is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6, § 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

\_\_\_\_\_  
APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
*PLACE OF BIRTH*

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
SOCIAL SECURITY NUMBER  
(Requested but not required)

\_\_\_\_\_  
*MOTHER'S MAIDEN NAME*

*FORMER ADDRESSES:* \_\_\_\_\_  
\_\_\_\_\_

*SEX:* \_\_\_\_\_ *HEIGHT:* \_\_\_\_ ft. \_\_\_\_ in. *WEIGHT:* \_\_\_\_\_ *EYE COLOR:* \_\_\_\_\_

*STATE DRIVER'S LICENSE NUMBER:* \_\_\_\_\_

**\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:** \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

SIGNATURE OF CORI AUTHORIZED EMPLOYEE