



P. O. Box 126

Worton, MD 21678

VOLUNTEER RELEASES

BACKGROUND RELEASE

Have you ever been charged with or convicted of a crime? ____ Y ____ N Please explain.

I, _____ (Volunteer/Staff), authorize KART to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly **DO NOT** authorize the PATH Intl. Center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature: _____ Date: _____
Signatory MUST be 18 years or older

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER _____ STATE _____

CURRENT LICENSE PLATE # _____

LIABILITY RELEASE

As a volunteer at KART, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and clients that I work with are greater than the risk 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 Worthmore Equestrian Center, KART, their Boards, officers, employees, instructors, aides, and/or volunteers, and anyone else directly or indirectly connected with these organizations from any and all injuries and/or losses I may sustain while participating at KART.

Signature: _____ Date: _____
Signatory MUST be 18 years or older

PHOTOGRAPHY RELEASE

I do ____ do not ____ (please check one) consent to the use and reproduction by KART of any and all photographs and any other audio-visual materials taken of me for promotion material, educational activities, exhibitions or for any other use for the benefit of the program.

Date: _____ Signature: _____
Client, Parent, or Guardian - Signatory MUST be 18 years or older