



Springhill Equine Veterinary Clinic, P.A.
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Newberry, FL 32669
Phone: 352-331-8434
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www.SpringhillEquine.com
vets@springhillequine.com

Volunteer Information & Release Form

NAME: _____

YEAR IN SCHOOL & WHERE: _____

ADDRESS: _____ Suite #/Apt.#: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

PHONE: _____ ALTERNATE PHONE: _____

1) Do you have any horse experience? If so please describe: _____

2) How did you hear about Springhill Equine? _____

3) Emergency Contact:

Name: _____

Phone Number: _____

- 1. Voluntary Participation:** I acknowledge **that I am age 18 or older** and that I have voluntarily applied to assist Springhill Equine Veterinary Clinic, P.A. (Springhill Equine) in veterinary medical treatments. I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided by Springhill Equine, and that I will not be eligible for any Workers Compensation benefits.
- 2. Release:** In consideration of the opportunity afforded me to assist in patient care, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against Springhill Equine, or any of its affiliated organizations, or either of their owners or employees collectively or individually, or the supplier of any materials or equipment that is used by Springhill Equine, or any of the volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my participation. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to me, or damage to my property, sustained in connection with my participation in the Project. I further consent to the unrestricted use by Springhill Equine Veterinary Clinic, P.A. and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me.

SIGNED this _____ day of _____, 20____, in Newberry, FL.

Volunteer Name (Please Print)

Witness (Please Print)

Volunteer Signature

Witness Signature