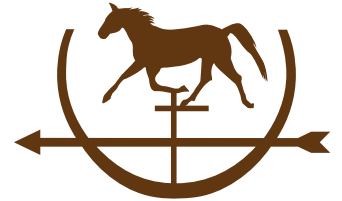


Hay Day Ranch
Photo & Video Release

Hay Day Ranch



Horses Healing Hearts

I, the undersigned parent(s) or legal guardian(s) of _____ (the "Child"), or I, as a volunteer or partner of Hay Day Ranch hereby:

Authorize and consent to the Hay Day Ranch taking one or more photographs (the "Photograph(s)") or videos (the "Video(s)") of the child, volunteer, participant or guest for the sole purpose of using the images on our website and/or newsletters, videos and advertisements (the "Purpose").

Agree that the Photograph(s) and/or Video(s), any royalties, rights, benefits or other privileges therefrom shall be and become the exclusive property of the Hay Day Ranch and hereby assign to Hay Day Ranch, any and all right, title and interest that I may have in and to the Photograph(s), and further agree to give the Hay Day Ranch all assistance reasonably required to protect and perfect Hay Day Ranch's right in the Photograph(s), and/or Video(s)

By signing below I acknowledge having read and fully understood this document.

Witness:

Signature of Applicant
Parent/Legal Guardian/1

Date

Parent/Legal Guardian/1

Witness:

Signature of Parent or
Legal Guardian/2

Date

Parent/Legal Guardian/2

Hay Day Ranch
Volunteer Application

Hay Day Ranch



Horses Healing Hearts

Hay Day Ranch is a place where children facing conflicts and challenges come together with rescued horses to learn how to love and trust again. We appreciate your interest in volunteering with Hay Day Ranch and hope to match your skills and interests with a volunteer position. Once processed and matched with a volunteer opening, we will contact you for the next steps to becoming a volunteer with Hay Day Ranch.

Date of application: ____/____/____

Tell Us About Yourself

Name: _____

Email: _____

Address: _____

City: _____ State: ____ Zip: _____

Best number to reach you: ____ - ____ - ____ or ____ - ____ - ____

DOB: ____/____/____ Age: _____

Describe your horse experience(s)

Do you have experience working with children? Ages and in what capacity?

As a volunteer, what do you feel are your strengths?

Of the skills you possess, which would you like to offer to the ranch?

How did you hear about Hay Day Ranch, and why do you want to volunteer with us?

If you are a student, name of school/college _____ Grade/Major _____

Are you interested in a college internship?

Do you have any concerns or conflicts regarding Hay Day Ranch being a faith based organization?

Other Volunteer Opportunities

Greeter _____

Grounds/Maintenance _____

Mechanic _____

Electrician _____

Carpenter _____

Craft Team _____

Prayer Team _____

Labor _____

Fund Raising _____

Horse Transport _____

Riding Instructor _____

Office Assistant _____

Snack Coordinator _____

Newsletter _____

Photographer _____

Hay Day Ranch
Volunteer Application

Hay Day Ranch



Horses Healing Hearts

When Can You Help

Please provide a general idea about when you might be able to volunteer.

Weekdays: Morning / Afternoon

Week nights: Y/ N

Saturday: Morning / Afternoon / Evening

Sunday: Morning / Afternoon / Evening

I'm looking forward to volunteering for:

Short-term projects (less than one week)

Long-term projects (with a reoccurring schedule)

One or two day projects (every so often)

Once in a while (one-time special events)

All volunteers are required to have and provide to Hay Day Ranch proof of current medical insurance. Provide policy information below or attach a copy of your insurance card. If you have read and understand this, please sign here, and provide your health insurance information.

Policy Owner Name	Insured's Name	Relationship to Policy Owner
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Insurance Company	Policy #
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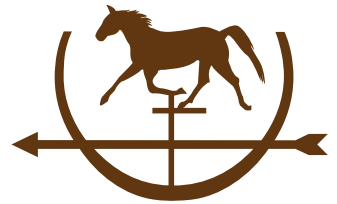
Please attach a current picture of yourself to your application and mail or email your completed and signed application with proof of insurance and picture to:

Hay Day Ranch *or* haydayranch@gmail.com
Attn: Susan Hingst
2530 Pony Farm Road
Maidens, VA 23102

Submission of an application does not guarantee acceptance into the volunteer program of Hay Day Ranch. All information is kept private with Hay Day Ranch. We reserve the right to perform a background check on any application.

www.haydayranch.com

Phone 804.205.8883



Hay Day Ranch
Background Check Authorization

I understand that Hay Day Ranch will be conducting a background check in connection with my application for volunteer service. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving history, criminal history, civil records, credit history, professional licenses, social security number verification and sex offender records.

I understand that Hay Day Ranch may rely on all or any part of this information in determining whether to extend an appointment for volunteer service to me. I further understand that if any adverse action is taken by Hay Day Ranch based upon any of this information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act. I understand that a background check may be performed by Hay Day Ranch or its representatives as a part of the volunteer placement process in order to evaluate my suitability for volunteer service. I understand that the information shall not be used in violation of any federal or state laws or regulations.

I, the undersigned applicant for volunteer service, hereby acknowledge that I have read and received a copy of the Background Check Disclosure notice and by signing below, hereby authorize Hay Day Ranch, its representatives, and agents to conduct a background check, as described herein, in conjunction with my application for volunteer service. I further direct and authorize such third parties who may be the custodians of or who may be in possession of requested records or information or consumer credit reports to disclose such information, records or reports to Hay Day Ranch, or their representatives and agents, in connection with this authorization and release. I voluntarily provide my date of birth and social security number in order to obtain and verify records obtained in the background check.

THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS

The entity named as recorded below is entitled by Section 19.2-392.02 of the Code of Virginia to: 1) obtain a copy of any criminal history record I may have, 2) obtain a prompt determination as to the validity of criminal record(s) I may have before a final employment determination is made and 3) prior to the completion of the criminal record search(es) the qualified entity may choose to deny me unsupervised access to children, the elderly or disabled for which the entity provides care.

Applicant/Volunteer Full Name (Last,First,Middle) _____
Other Names Used/Alias _____
Date of Birth (mm/dd/yyyy) _____ Social Security Number _____
Address _____ City, State, Zip _____
Years at this address _____ (if fewer than 5, former address) _____
Drivers License Number _____ State Issuing _____ Expiration _____
Employer _____ Employment Reference _____
Personal Reference Name, Phone, Email 1. _____ 2. _____

APPLICANT/VOLUNTEER CRIMINAL RECORD INFORMATION

I HAVE BEEN convicted of, or under pending charge(s) or indictment(s) for the following crimes either within or outside the Commonwealth of Virginia. List all charges; use an additional form if necessary. (check one; print clearly)

Charge Date _____ Jurisdiction (county & state _____) Disposition Felony or Misdemeanor

Charge Date _____ Jurisdiction (county & state _____) Disposition Felony or Misdemeanor

I HAVE NOT BEEN convicted of, or under pending charge(s) or indictment(s) for any crimes either within or outside the Commonwealth of Virginia.

Applicant/Volunteer Signature

Date of Request

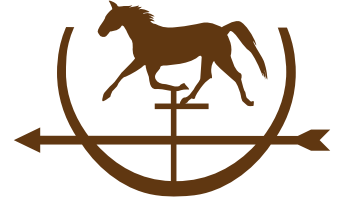
Printed Name

APPLICANT/VOLUNTEER DISCLOSURE

By virtue of my signature I certify the name, address, personal descriptive information and criminal record disclosure is accurate as recorded on this document. I am apprised of the right to obtain and/or challenge the accuracy/completeness of the information contained in a criminal history record and may initiate a challenge by following the directions recorded on the reverse side of this form. To protect your confidentiality, place this page in an envelope and return the completed form immediately to: Hay Day Ranch, Attn: Susan Hingst, 2530 Pony Farm Road, Maidens, VA 23102

Hay Day Ranch
Volunteer and Participant
Waiver & Checklist

Hay Day Ranch



Horses Healing Hearts

RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

The undersigned participant, and his or her parent or legal guardian if the participant is under the age of 18 years old, is aware that equine activities in which the participant may directly or indirectly engage, whether mounted or un-mounted, to include but not be limited to: horseback riding, training, driving, jumping or otherwise being a passenger upon an equine; and also handling, leading, grooming and otherwise attending to the equine, are activities and events which pose potentially serious risks of injuries or death to the participants. I understand that the participant may be injured or die as a result of the participant's negligence, the negligence of others, or through no fault of the participant or anyone else but because of the nature of the activity in which the participant is going to be engaged. I also understand that horses, even the most well-trained, are unpredictable and may be difficult to control.

With this waiver, I accept notice of the provisions of the Equine Activity Liability Act, Sections 3.2-6200 through 3.2-6203 of the Code of Virginia, 1950, as amended, which state in part, the intrinsic dangers or conditions that are an integral part of equine activities, including but not limited to (i) the propensity of an equine to behave in ways that may result in injury, harm or death to persons on or around them; (ii) the unpredictability of an equine's reaction to sounds, sudden movements, and unfamiliar objects, persons or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability. This waiver shall remain valid unless expressly revoked by me, or if a minor, by a parent or guardian, in writing, with receipt acknowledged in writing by an agent/director of the Hay Day Ranch Ranch.

Furthermore, with this waiver, I expressly assume the risk of injury or death due to the ordinary negligence of the Hay Day Ranch Ranch, located at 2530 Pony Farm Road, Maidens, VA and any and all of its employees, agents, volunteers, and representatives, However, I understand that this release is not intended to prevent or limit liability in the event of gross negligence or willful misconduct by any of the aforementioned parties.

With knowledge of the foregoing, and as an inducement for the participant's ability to participate in equine activities at the Hay Day Ranch, I hereby agree to waive and release any and all rights that I or my heirs may have to make a claim against the Hay Day Ranch Ranch and all its agents, employees, representatives and volunteers, arising from any damages, injury or death which the participant might sustain while engaging in equine activities at the Hay Day Ranch Ranch. I further agree to indemnify and hold harmless the Hay Day Ranch Ranch, its agents, representatives and volunteers from any claims which I might make or which might be made on my behalf by others or which might be made against the Hay Day Ranch Ranch by others, arising from the participant's equine activities at the Hay Day Ranch Ranch. Furthermore, I agree to indemnify the Hay Day Ranch Ranch for any injury, death, loss or damage to any personal property when such injury, death, loss or damage arises from the participant's equine activities at the Hay Day Ranch Ranch or at an event hosted by the Hay Day Ranch.

BY SIGNING THIS WAIVER AND RELEASE, I UNDERSTAND THAT I AM GIVING UP, WAIVING AND RELEASING, ANY RIGHT I MIGHT HAVE TO SUE OR MAKE A CLAIM AGAINST THE HAY DAY RANCH AND ANY OF ITS AGENTS, EMPLOYEES, VOLUNTEERS OR REPRESENTATIVES, FOR ANY INJURIES THE PARTICIPANT MIGHT SUSTAIN TO ITS PERSON OR ITS PERSONAL PROPERTY, WHILE HORSEBACK RIDING OR OTHERWISE PARTICIPATING, EITHER DIRECTLY OR INDIRECTLY, MOUNTED OR UNMOUNTED, IN AN EQUINE ACTIVITY AT THE HAY DAY RANCH, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS, THE HAY DAY RANCH AND ALL OF ITS EMPLOYEES, AGENTS, VOLUNTEERS OR REPRESENTATIVES, FOR INJURIES TO ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE I AM ENGAGED IN EQUINE ACTIVITIES AT THE HAY DAY RANCH. IT IS MY INTENT TO GIVE UP THOSE RIGHTS AND PROVIDE THIS HOLD HARMLESS AGREEMENT AND I DO SO KNOWINGLY AND VOLUNTARILY.

Participant Name (printed) Participant Signature

Today's Date ____/____/____ Participant Date of Birth ____/____/____

Address: _____

Phone: _____ Email: _____

***VOLUNTEERS UNDER 18 YEARS OF AGE
PARENT OR GUARDIAN RELEASE AND WAIVER***

I/We _____, am/are the parent(s) or guardian of _____, a minor, and on the minor's behalf and on my/our own behalf as the parent or guardian of the minor, I/we accept the release and waiver of liability contained within this form as an inducement for allowing my/our child, or this minor, to participate in equine and other activities which may occur at Hay Day Ranch Ranch. I/We have carefully read and understand the provisions as stated above, particularly, the INTRINSIC DANGERS associated with all equine activities. I/We further authorize emergency medical care which may be necessary. I/We represent and warrant that I/we have the legal authority to give this release.

_____/_____
Parent or Guardian #1 Date Parent or Guardian #2 Date

If you are not a biological parent of the minor, please provide the court jurisdiction which granted you legal custody of the minor and the date that you obtained legal custody.

Court Date

HAY DAY RANCH MEDICAL INFORMATION FORM

Volunteer/Participant's Name: _____

In case of emergency, I give the assigned supervisor on site, who is placed in charge of volunteers and/or participants, permission to seek medical care and treatment for _____, a volunteer and/or participant at Hay Day Ranch. I will not hold the individual, Hay Day Ranch, the attending physician or medical personnel responsible.

Volunteer Name or Parent/Guardian if on behalf of a minor Volunteer or Participant Parent/Guardian Signature

Medications: List all prescribed & over the counter medications volunteer/participant is currently taking which might affect performance or safety in working with horses or clients.

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____ Home #: _____ Cell#: _____

Name: _____ Relationship: _____ Home #: _____ Cell#: _____