



LAS CAMPANAS COMPADRES

Volunteer Application

Please mail your application to:

Las Campanas Compadres
15 Buckskin Circle
Santa Fe, NM 87506
Attn: Suzanna Becerra

Please be sure to sign the waiver form. Applications without a signed waiver form cannot be accepted

Name _____ Home # _____ Work # _____

Address _____ City _____ Zip _____ Cell # _____

E-mail _____ Date of Birth ____/____/____ Male/Female _____

Can we publish your home phone # in the LCC Volunteer Directory? Yes No

Emergency Contact Person _____ Emergency Phone _____

Provide a professional reference with phone #: _____

Provide a personal reference with phone #: _____

Have you ever been accused or convicted of a felony and/or any crimes against children. Please explain:

Describe any background and/or experiences you have had working with people with disabilities;

Tell us about your special skills (CPR/First Aid training, a second language, abilities with sign language, etc)

Do you want involvement in any other activities with Las Campanas Compadres? Please specify;

PLEASE CHECK WHICH ACTIVITIES YOU WOULD LIKE TO VOLUNTEER FOR

- Riding**
- Swimming**
- Other (please explain)**



**LAS CAMPANAS
COMPADRES**

People Helping People Reach New Heights

**LAS CAMPANAS COMPADRES, INC.
INSURANCE WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in LAS CAMPANAS COMPADRES INC. programs, related events, and activities, and in consideration of being allowed to use certain facilities of the Club at Las Campanas and of Las Campanas Limited Partnership, the undersigned:

Agrees that prior to participating, the undersigned parent or guardian will inspect the facilities and equipment to be used, and if the undersigned believes that anything is unsafe, the undersigned will immediately advise LAS CAMPANAS COMPADRES INC. of such conditions(s) and refuse to participate.

Acknowledges and fully understands the undersigned will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to the undersigned or not reasonably foreseeable at this time.

Assumes all the foregoing risks and accepts personal responsibility for damages following injury, permanent disability or death.

Releases, waives, discharges and holds harmless (a) LAS CAMPANAS COMPADRES, INC., its affiliated clubs, their representative administrators, officers, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs; and, (b) the Club at Las Campanas and Las Campanas Limited Partnership, all of which are hereinafter referred to as "Releasees", from claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise.

Consents that information pertaining to involvement in the LAS CAMPANAS COMPADRES, INC. can be used for research purposes, understanding that this information will only be used in the aggregate and that the undersigned will not be personally identified by any means such as name, social security number, or other personal linkages.

Agrees that photographs or general information may be placed on your website and may be published in, or used by, the media (newspapers, magazines, tv, brochures, reports, etc.) without liability on the part of the LAS CAMPANAS COMPADRES, INC., the program sponsors and their agents and employees.

Acknowledges that helmet use is recommended during certain activities and that LAS CAMPANAS COMPADRES, INC. has offered to provide the undersigned with a helmet for use during program events. Understanding that a helmet will be provided for use, at any time, the undersigned hereby waives any claim against Releasees on account of a decision to use or not use a helmet while participating in athletic activities.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT SUBSTANTIAL RIGHTS HAVE BEEN GIVEN UP BY SIGNING IT, HAS NOT CHANGED IT ORALLY, AND SIGNS IT VOLUNTARILY. Furthermore, the undersigned has consulted with any appropriate physicians and determined, with physician's input, that the undersigned is physically fit to engage in this chosen sport with or without the use of adaptive equipment as requested in my application.

Participant's Name

Participant's Signature

Date

IF PARTICIPANT IS UNDER 18 YEARS OF AGE OR IS UNABLE TO LEGALLY GIVE EFFECTIVE CONSENT

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs and assigns. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE.**

Parent/Guardian Name

Parent/Guardian Signature

Date