<u> 2025 Volunteer Sign-up Calendar</u>

This form is REQUIRED for all 4H and USPC memberships.

I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation involves risks and dangers including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of organizers and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks"). In conjunction with my participation, I hereby release, waive and covenant not to sue, and further agree to indemnify, defend and hold harmless the following parties: Bucks County, Bucks County Horse Park Inc.,; members; landowners; Event participants (including athletes/riders, coaches, trainers, judges/officials, and other personnel), and competition managers; the promoters, sponsors, or advertisers; and all directors, officers, employees, agents, contractors, and volunteers of any of the aforementioned parties (Individually and Collectively, the "Released Parties" or "Event Organizers"), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss, or expense (including court costs and reasonable attorney fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any w

YOU ASSUME THE RISK OF EQUINE ACTIVITIES PURSUANT TO PENNSYLVANIA LAW.

SIGNATURE:	(Parent if Under 18)
NAME:	DATE OF BIRTH:
ADDRESS:	
CITY/STATE/ZIP:	
EMAIL:	
PHONE:	MEMBER NUMBER:

Please feel free to TRY some job; we can almost always put you in a "starter" version of any volunteer spot! You don't need to have experience in a job you would like to attempt! You can volunteer for any day in 4 hour increments. You can also often volunteer the day BEFORE a show if you contact the office. Please come and get involved in your Horse Park. My direct phone number is 610-360-7021 if you have any questions. As your Park Administrator, I truly appreciate any and all help!

Maureen Ferris, Administrator, Bucks County Horse Park

HORSE TRIALS	5/18	6/22	* 8/10	8/31	* 9/2	21	11/2		
FRIDAY EVENING	4/25	5/9	6/6	7/4	7/25	8/22	2 9	/12	
CT AND IN-GATE	4/5	4/12	11/15)					
THURS. MORNING	6/12	6/19 6/2	26 7/3	7/10 7/	17 7/24	7/31	8/7 8	3/14 8/21	
PRE-VU/CLASSIC	5/25	9/7							
TUESDAY EVENING	5/6	5/20	6/3 6	71	7/15	7/29	8/12	8/26	
USDF/USEF DRESS.	5/4	6/1	7/12	8/3	10/19				
SCH. DRESSAGE	7/19	10/18							
TRAIL EVENTS	5/26	6/14	9/27	10/4	11/22	2			