

VOLUNTEER APPLICATION ADDENDUM THE STABLES AT POPLAR GROVE

I,	, certify that I am willing and physically
capable of participating in volunteer activities reported any physical/mental conditions where	at THE STABLES AT POPLAR GROVE and that I have nich may affect my volunteer service to a staff ase of an emergency as well as emergency contact
and that it can lead to serious injury, or e	cognize the possible risk in working with animals, ven death. I hereby understand and assume the volunteering at THE STABLES AT POPLAR GROVE.
Foundation, Inc., its agents and representative	HE STAB LES AT POPLAR GROVE, and Poplar Grove es, from any and all claims which may accrue to me, s, or assignees, including my attorney fees and court the connection with being a volunteer.
, ,	HE STABLES AT POPLAR GROVE and its authorized record of my participation for use in its programs,
Volunteer Signature:	Print Name:
Date:	
Parent/Guardian Signature:	Date:
Witness	Doto