

Dancing Cloud Farm Horse Rescue, Inc.

P.O. Box 6

Ochlocknee, GA 31773

(229)378-5088

Trailer Volunteer Application

Dancing Cloud Farm Horse Rescue, Inc.'s (DCFHR) policy is to trailer equines belonging to DCFHR to new foster homes, veterinarians, trainers, or DCFHR events. DCFHR also provides trailering for equines when working with law enforcement agencies. DCFHR's policy is to use Approved Trailering Volunteers to transport DCFHR equines.

Applicant's Name: _____

Street Address: _____

City ST ZIP: _____

Home Phone: _____ **Work/Cell Phone:** _____

E-mail Address: _____

Driver's License Number: _____ **State of Issue:** _____

Year, make, and model of towing vehicle: _____

Name Vehicle is registered in: _____

License plate number: _____

Insurance Carrier of Vehicle AND Policy No.: _____

Year, model, length, and type of horse trailer: _____

Hauling Experience: (please detail your experience in hauling horses and how long)

Have you ever had a trailering accident? If so, please describe:

Number of horses you can haul at one time: _____

How far are you willing to travel away from home to haul: _____

Confidentiality Statement:

I agree that certain information concerning Dancing Cloud Farm Horse Rescue may be confidential in nature and I am to use discretion in discussing DCFHR equine cases, policies, and other DCFHR business with anyone that is not a DCFHR member. I, the undersigned, have read, understood, and agree to abide to this statement outlined here.

Signature

Date

Liability Waiver:

By signing this application, I agree not to hold Dancing Cloud Farm Horse Rescue, Inc., liable in the event of injury, death, or damage to any human, animal or property as a result of trailering horses for DCFHR. I also agree to carry insurance on my vehicle at all times when hauling horses for DCFHR.

I, the undersigned, have read and understand the following warning:

WARNING: UNDER GEORGIA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED.

Trailer Applicant

Date

Required Documentation: (copies of must be received before you will be considered for a trailering volunteer)

Insurance Certificate

I, the undersigned, understand that I may be denied as a trailer volunteer for any reason. I also submit that the information on this application is true and that Dancing Cloud Farm Horse Rescue, Inc., may conduct a background check before approving my application.

Trailer Applicant

Date