



**RELEASE OF LIABILITY**

In consideration for the International Center for the Preservations of Wild Animals, Inc., which does business as "the Wilds" (hereinafter referred to as "the Wilds"), allowing me to participate as a volunteer in its volunteer program (the "Program"), I hereby release, and agree to hold harmless and indemnify the Wilds, its officers, trustees, employees and agents from any and all expenses, claims, damages and liability as a result of any and all of my direct and indirect activities in the Program including, but not limited to, property damage, bodily, personal or mental injury, including death, or other injury; and, acknowledge it is the sole responsibility of mine to evaluate carefully the risks inherent in such activities in the Program, including, without limitation, dangers posed by caring for animals and/or willful or negligent conduct by me and/or by others and I voluntarily assumes full responsibility for, and full risk of all consequences relating to my activities in the Program, including without limitation, property damage, bodily, mental, or personal injury, including death, or other injury. I understand that an injury sustained by me while participating in the Program will not be covered by Workers Compensation or Health Insurance provided by the Wilds.

**I have read the above carefully, understand its significance, and voluntarily agree to all of its terms.**

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Volunteer Signature

Date

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Volunteer Address

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Witnessed By

Date

If the volunteer is under 18 years of age, a parent or guardian must sign the following. I hereby authorize my child (or ward) (hereinafter referred to as "my child") to participate in the volunteer program (the "Program") of the International Center for the Preservation of Wild Animals, Inc., doing business as:" the Wilds" (hereinafter referred to as "the Wilds") and in consideration for the Wilds agreeing to allow my child to participate in the Program, I agree to hold harmless and indemnify the Wilds, its officers, trustees, employees and agents from any and all expenses, claims, damages and liability as a result of any and all of my child's direct and indirect activities in the Program including, but not limited to, property damage, bodily, personal or mental injury, including death, or other injury; and, acknowledge it is the sole responsibility of mine and my child to evaluate carefully the risks inherent in such activities in the Program, including, without limitation, dangers posed by caring for animals and/or willful or negligent conduct by me, my child and/or by others and my child and I voluntarily assumes full responsibility for, and full risk of all consequences relating to my child's activities in the Program, including without limitation, property damage, bodily, mental, or personal injury, including death, or other injury. In the event of illness or injury, I authorize the Wilds to procure emergency medical care for my child and grant permission to the hospital or physician where my child is taken to perform such care and treatment as they consider proper, and I understand that I will be responsible for any and all expenses related to such medical care.

**I have read the above carefully, understand its significance, and voluntarily agree to all of its terms.**

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Parent or Guardian Signature

Date

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Parent or Guardian Address

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Witnessed by

Date

HEALTH INFORMATION: The following information is requested in case of emergency:

Health Insurance Plan or Policy \_\_\_\_\_ Policy Number \_\_\_\_\_

In case of emergency notify (include Name, Relationship, Phone#, Alternate Phone #):

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**RETURN THIS FORM TO:  
Volunteer Office, the Wilds, 14000 International Road, Cumberland, Ohio 43732**