

PO BOX 1484
INDIAN TRAIL, NC 28079
704-286-6330

| Please Print Legibly | |
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| | |
| Name: | |
| Phone Number: | |
| Email: | |
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RELEASE, WAIVER AND INDEMNIFICATION

The undersigned participant and his/her parent or legal guardian (if under the age of 18 years) does hereby acknowledge that he/she has been advised and is aware that the activity of working with WILD animals can be hazardous and involves contact with animals who are unpredictable. The undersigned further acknowledges and understands that the following are some, but not all, of the risks associated with working with wild animals (alive or dead):

- Bites or scratches from birds, or other animals that may be in the rescue at any given time including natural animals like rodents and snakes
- Being knocked down
- Injuries related to wrist/hand/fingers
- Slips/trips/falls resulting from wet ground/floors, cages, or equipment
- Hitting head on objects such as cage doors, walls, hose boxes, etc.
- Water or other liquids sprayed into eyes
- Insect bites, including internal and external parasites
- Zoonotic illnesses (human illness contracted from animals)
- Animal illness exposure to animals at home
- Injuries related to lifting animals, food, or equipment
- Exposure to cleaners, latex gloves, bleach, parasite control products
- Loss of personal property (if not locked up)
- Exposure to or incidents relating to the volunteers (outbursts, inappropriate contact, etc.)
- Damage to car while parked on grounds
- Damage to clothing from animals, cages, etc.

The undersigned is aware that injuries, loss of or damage to personal property, and death (while highly unlikely) may occur as a result of his/her participation in this program; the undersigned participants in said program at their own choice and free will.

The undersigned also understands that whenever necessary, protective gear will be provided for their use (e.g., gloves, and hazmat suits when dealing with oiled birds). If the undersigned chooses not to wear gear and/or does not follow instructions for wearing or using it properly, this will increase the undersigned's risk of possible illness or injury, or death (while highly

unlikely). The undersigned accepts all responsibility for knowing how to use equipment or protective gear before beginning any activities. The undersigned participant and his/her parent or legal guardian (if under the age of 18 years) does hereby execute this release, waiver and indemnification and hereby agrees and represents as follows: to release Carolina Waterfowl Rescue (hereinafter "CWR"), its director and volunteers, from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to bodily injury and property damage arising out of participating in any function, class or event offered by CWR whether conducted on the premises of CWR or elsewhere. The undersigned further agrees to indemnify CWR and its director and volunteers, and hold them harmless for any liability, loss, damage, cost, claim, judgment, or settlement, which may be brought or entered against them as a result of the undersigned's participation in classes or functions sponsored by CWR. This indemnification shall include attorney's fees and costs incurred in defending against any claim or judgment incurred or in negotiating any reasonable settlement.

It is further agreed and understood that he/she shall maintain in full force and effect, a policy of insurance covering medical treatment and all related costs in the event of an injury to him/her as a result of his/her participation in any and all activities of Carolina Waterfowl Rescue as aforesaid. He/she also agrees that if he/she does not maintain a full force and effect policy of insurance, he/she is still liable for medical treatment and all related costs in the event of an injury to him/her as a result of his/her participation in any and all activities involving Carolina Waterfowl Rescue.

THIS FORM MUST BE SIGNED PRIOR TO BEGINNING YOUR FIRST VOLUNTEER DAY, EVENT, OR TRAINING CLASS. PARTICIPANTS UNDER THE AGE OF 18 MUST HAVE SIGNED APPROVAL OF A PARENT OR LEGAL GUARDIAN.

| Staff/Volunteer Sigr | ature Date | | | |
|----------------------|----------------------|-----------------|---------|------|
| Printed Staff/Volunt | eer Name | | | |
| Parent/Guardian Sig | nature (if participa | nt under age 18 | 8) Date | |
| | | | | |

Printed Parent/Guardian Name