



## **ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

Visitors and Volunteers have been advised that the activity of working with the animal residents can be hazardous. Volunteering involves contact with animals, many of whom have come from emotionally, mentally and/or physically damaging situations and experiences. As such, their behaviour can at times, be unpredictable. In consideration of being permitted to volunteer or visit GALAHAD'S ANIMAL SANCTUARY, I, the undersigned, voluntarily agree to the following:

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH GALAHAD'S ANIMAL SANCTUARY VOLUNTEERING, SANCTUARY VISITS AND FILMWORK, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit for this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my participation in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organisers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my participation in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: GALAHAD'S ANIMAL SANCTUARY and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. I acknowledge that GALAHAD'S ANIMAL SANCTUARY and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organisers, and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I acknowledge the risks and dangers inherent in handling animals and in otherwise volunteering with GALAHAD'S ANIMAL SANCTUARY and I freely assume and fully accept these risks. I hereby waive any rights to a cause of action or future cause of action I may have against GALAHAD'S ANIMAL SANCTUARY and its directors, officers, agents, employees, servants, representatives and assigns (collectively, "GALAHAD'S ANIMAL SANCTUARY" and its Representatives"), and release, discharge, indemnify and hold harmless GALAHAD'S ANIMAL SANCTUARY and its Representatives from and against all claims, actions, costs, expenses and demands, in respect of the following, not limited to death, injury, loss or damage to person or property, arising out of or in connection with my volunteering, howsoever caused, even if such loss or injury is caused by the negligence or default of GALAHAD'S ANIMAL SANCTUARY and its Representatives.

I agree to this waiver, indemnity and consent on behalf of myself, my heirs, executors and assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

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Participant's Signature	Date	Participant's Name	Age
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Parent/Guardian Signature	Date
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(If under 18 years old, Parent or Guardian must also sign.)

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Email Address

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Mobile/Telephone

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Address