

Volunteer Type: \_\_\_\_\_

No. of Hours: \_\_\_\_\_



## Volunteer Pack

Volunteer Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_ / \_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**List any Medical Concerns (e.g. Heart Problems / Diabetes / Hypoglycemia, etc.):**

\_\_\_\_\_

Allergies (of any kind?): NO \_\_\_ / YES \_\_\_ if yes, list: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_ / \_\_\_ / \_\_\_\_\_ (recommended every 5 years)

**SHY WOLF SANCTUARY, EDUCATION & EXPERIENCE CENTER, INC.**  
**MINOR RELEASE FORM**

PARENTS/GUARDIANS: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS DOCUMENT HAS LEGAL CONSEQUENCES AND WILL AFFECT YOUR LEGAL RIGHTS AND WILL ELIMINATE YOUR ABILITY TO BRING FUTURE LEGAL ACTIONS.

**Parent(s) / Guardian Name:** \_\_\_\_\_

**Minor Volunteer Name:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

I, \_\_\_\_\_, as legal parent / guardian of \_\_\_\_\_, IN CONSIDERATION of allowing the above MINOR to participate in volunteering at SHY WOLF SANCTUARY, EDUCATION & EXPERIENCE CENTER, INC. ("SWS") and/or being permitted to enter for any purpose any RESTRICTED AREA (defined as any area requiring special authorization, credentials or permission to enter or any area to which the general public is restricted or prohibited), EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs and next of kin agrees:

1. THE MINOR AND PARENT OR GUARDIAN HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of SWS or otherwise, while in or upon the RESTRICTED AREA for any purpose. The undersigned recognize and understand that there are risks and dangers associated with volunteering and admission within the RESTRICTED AREA that could cause severe bodily injury, disability and death. Further, the risks and dangers may be caused by the negligent failure to act of SWS and others. All of the risks and dangers associated with volunteering and entry into the RESTRICTED AREA are assumed notwithstanding.
2. THE MINOR AND PARENT OR GUARDIAN release, waive, discharge and covenant not to sue SWS, (or any affiliates thereof), from all liability to ourselves, the undersigned's, our personal representatives, assigns, executors, heirs, and next of kin for any and all claims, demands, losses or damages of the MINOR and/or parent or guardian on account of any injury, including, but not limited to the death or injury of the parent/guardian or MINOR or damage to property, all of which is caused or alleged to be caused in whole or in part by the negligence of SWS or otherwise.
3. THE PARENT AND/OR GUARDIAN hereby agrees to indemnify and save and hold harmless SWS from any loss, liability, damage or cost that may occur due in any manner or degree to the presence of the parent/guardian or the MINOR in the restricted area, or in any way while volunteering and whether caused by negligence of SWS or otherwise. The parent and/or guardian further recognize and agree they are executing this Minor Release Form on behalf of themselves and on behalf of the MINOR. The parent and/or guardian agrees to supervise the MINOR at all times while on SWS premises (MINOR must be in parent/guardians line of sight at all times).
4. HEREBY agrees that this Release and accompanying ASSUMPTION OF RISK, WAIVER OF LIABILITY, & INDEMNITY AGREEMENT extends to all acts of negligence by SWS, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**THE PARENT OR GUARDIAN HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND ACCOMPANYING ASSUMPTION OF RISK, WAIVER OF LIABILITY, & INDEMNITY AGREEMENT AND DOES SO VOLUNTARILY AND WITH THE UNDERSTANDING THAT SUBSTANTIAL RIGHTS ARE BEING GIVEN UP. I HAVE READ THIS RELEASE:**

\_\_\_\_\_  
Name Signed Date Father / Mother / Guardian

I represent that I have sole legal custody or am the sole parent / guardian

\_\_\_\_\_  
Name Signed Date Father / Mother / Guardian

The following people are permitted to act as guardian if parent is unavailable (print name & sign):

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

State of Florida, County of Collier - The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and did/did not take an oath.