

# Volunteer Activity Liability Waiver



**MUST CONTAIN ORIGINAL SIGNATURE**

Last Name \_\_\_\_\_

The Undersigned \_\_\_\_\_ (print name), does hereby acknowledge and assumes the risk of participation in any and all activities at Poplar Spring Animal Sanctuary, at the Sanctuary residence or any and all locations where PSAS activities take place. He/she does hereby acknowledge that he/she will release Poplar Spring Animal Sanctuary, Inc., its officers, staff members, volunteers, advisors, property owners, and/or agents in any location where PSAS activities are conducted, of and from all claims which may hereafter develop or accrue to them on account of injury, loss or damage, which may be suffered by said minor or to any property, because of any matter, thing, or condition, negligence or default whatsoever, and they hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default, or any person or persons whatsoever.

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 at Poplar Spring Animal Sanctuary, Inc. as aforesaid. He/she also agrees that if he/she does not maintain in full force and effect a 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 Poplar Spring Animal Sanctuary, Inc. as aforesaid.

The person executing this release acknowledges that there is a valid consideration to executing this release.

The invalidity of any statement or waiver of rights above under local, state, or federal law does not invalidate any other statement or waiver of rights above.

## Emergency Information

Please notify the following individual(s) immediately in the event of a medical emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Any special medical conditions or medications that emergency personnel should be aware of:

\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ (date)

Signature of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

I, \_\_\_\_\_ Name of Parent or Guardian, agree to accompany or have another adult accompany the minor child at all times while they are involved in any activity on the premises, and acknowledge that I am fully and totally responsible for the above child at all times while he/she is participating in any activity at Poplar Spring Animal Sanctuary, Inc.

Signature of Parent or Legal Guardian \_\_\_\_\_

**Please mail your completed application and waiver form to:**  
Poplar Spring Animal Sanctuary, P.O. Box 507, Poolesville, MD 20837