

## Operation Wildlife Waiver for Interns and Volunteers

In consideration of accepting my voluntary participation at Operation Wildlife, I hereby for myself, my heirs, executors, administrators, and assigns, waive and release all claims for damages which I may have or which I may hereafter accrue to me against Operations Wildlife, its sponsors, agents, representatives, or assigns for any damages which may be sustained and suffered by me connection with my association with our participation in the volunteer/intern program at Operation Wildlife.

I further acknowledge that I have been informed by Operation Wildlife of the laws, rules, and regulations under which Operation Wildlife operates and that I will abide by those laws, rules and regulations.

I understand and admit that my participation at operation Wildlife is voluntary. I assume full responsibility for any injuries or damages resulting from my participation in this program including responsibility for using reasonable judgment in all phases of participation of the program and travel to and from the facility. I understand that if I use my personal vehicle for the benefit of Operation Wildlife, the agency has no liability for personal injury or property damage that results from that use. I agree to rely solely on my personal vehicle insurance coverage in at the event of any damages. I recognize and understand that the activities may be hazardous, that my participation is solely at my own risk and that I assume full responsibility for any resulting injuries and damages.

I have been informed of and understand the risks associated with working with wild animals. If any animal under my care inflicts an injury upon a human, I will report the incident to Operation Wildlife immediately and will abide by all pertinent policies and regulations. I have received a tetanus shot within the past 10 years and I understand that, in the event of an injury, I should receive a booster if it has been more than 5 years since my last booster shot.

I affirm that I am in good health. I further declare that I am physically fit and capable to participate in such activities. I understand that it is my responsibility to notify that appropriate person in the workplace of emergency medical information. I assume full responsibility for any undisclosed physical or emotional problems that might impair my ability to complete the experience, and I release Operation Wildlife form any liability for injury to myself or damage to or loss of my possessions.

I attest and verify that I have been sufficiently informed of the risks involved in the program and that I consent to be sufficiently trained to participate in the program.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Signature of Parent/Guardian if Participant is under 18 years of age

Date: \_\_\_\_\_