

# AVIAN CONSERVATION CENTER

## THE AVIAN MEDICAL CLINIC



### TRANSPORT VOLUNTEER CONSENT AND WAIVER

In consideration of the acceptance of my request to serve as a Transport Volunteer for the Avian Medical Clinic at the Avian Conservation Center (hereinafter "Center"), I \_\_\_\_\_ do hereby for myself, my heirs, executors and assigns, waive, release, and forever discharge the Center, its principals, directors, officers, agents, representatives, successors, heirs and assigns, for any and all loss, liability, rights, claims and damages to person or property, whether or not such injury, loss, or damage is caused by the negligent acts, or omissions, of the Center.

I hereby acknowledge and am aware that during my participation with the Center that certain risks and dangers are inherent while working with wild animals, including but not limited to bites, scratches, contraction of certain diseases, conditions, syndromes and parasites. I am also aware and clearly understand that the Center has no liability regarding provisions of medical care other than first aid in an emergency situation and in that event, hold the Center harmless as to the adequacy of such care that may be rendered. **It is further understood that it is my responsibility to see that my tetanus vaccinations or boosters are current.**

I hereby agree that I will not make any claim, legal or otherwise, against the Center for bodily injury, emotional trauma or wrongful death, or any other cause of action which I may have or which may hereafter accrue to me against the Center out of my traveling to or returning from my volunteer activities on behalf of the Center.

I agree to release and hold harmless the Center from any accidents, claims, losses, damages or liabilities, including death, disability, injury, loss or damage which might occur including without limitation those caused by the sole or concurrent negligence of the Center. I expressly assume any and all risks with respect to my activities with the Center and pledge and covenant not to make any claim, legal or otherwise, against the Center resulting from foreseen or unforeseen losses, claims, costs, liability or damages relating to my activities with the Center. Additionally, I pledge and covenant not to bring any claim, legal or otherwise, against the Susan Lyman Drew Trust (hereinafter "Trust"), its trustee(s), officers, agents, representatives, successors, heirs and assigns, on account of losses, claims, costs, liability or damages which might result from Center activities conducted on Trust property.

I agree that the foregoing provisions shall be binding upon me personally, as well as upon my heirs, executors and administrators, and members of my family or minors that may accompany me while at any Center facility or on Trust property. I agree not to claim the unenforceability of this agreement. If any provision of this agreement or the application thereof to any person or circumstance is found to be invalid, the remainder of the provisions of this agreement shall not be affected thereby.

I have read and fully understand this Transport Volunteer Consent and Waiver and have freely and voluntarily entered into same this date \_\_\_\_\_.

#### **Transport Volunteer Contact Details:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

#### **Emergency Contact:**

Relationship \_\_\_\_\_  
Phone \_\_\_\_\_  
Parent/Legal Guardian (minors) \_\_\_\_\_  
Tetanus vaccination/booster date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_