

SPRING FARM SANCTUARY

Release and Waiver of Liability

IMPORTANT: READ THE BELOW CAREFULLY BEFORE SIGNING

This Release and Waiver of Liability (the "Release") is executed on this _____ day of _____, 20__, by _____ in favor of SPRING FARM SANCTUARY, a nonprofit corporation organized and existing under the laws of the State of Minnesota and each of its directors, officers, managers, members, governors, employees, and agents (collectively, "SFS"). I desire to volunteer and/or visit SFS and/or engage in the activities related to being a volunteer or visitor for animal care, special events, educational purposes, and/or other activities. I hereby acknowledge and agree, freely and voluntarily and without duress, to execute this Release under the following terms:

1. Waiver and Release. I forever release, discharge and hold harmless SFS and its and assigns from any and all liability, claims, actions, and demands, either in law or in equity, which arise or may hereafter arise from my activities at SFS. I understand and acknowledge that this Release discharges SFS from any and all liability, claims, actions, demands or suits that I (or my legal guardian) may have against SFS with respect to bodily injury, personal injury, illness, disease, death, or property damage that may result from my participation in SFS-related activities. It is also understood that SFS does not assume any responsibility for or obligation to provide financial assistance or other assistance of any kind, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.
2. Insurance. I understand that I expressly waive any such claim(s) for compensation or liability on the part of SFS in the event of such injury or medical expense.
3. Medical Treatment. I hereby release and forever discharge SFS from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time at SFS.
4. Assumption of Risk. I understand that my participation at SFS may include activities that may be hazardous to me including, but not limited to, animal handling and care activities, which may include sick and/or diseased animals, lifting heavy equipment, loading and unloading of animal supplies, and transportation to and from activity sites. I understand that my activities at SFS may involve inherently dangerous activities and I hereby expressly assume the risk of injury or harm in these activities and release SFS from all liability for any and all injury, illness, disease, death or property damage resulting from activities during my time at SFS.

5. Photographic Release. I grant and convey to SFS any and all rights, title, and interest in any and all photographic images, video and/or audio recordings made by SFS during my participation with SFS.

6. Property. I understand that all materials, tools, instruments and other items provided by SFS are and remain the property of SFS. I agree to return all such items to SFS upon the end of my visit or volunteer service.

7. Other. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Minnesota, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Minnesota. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be in full force and effect.

I express my full understanding of this Release and voluntarily elect to abide by all of its terms and conditions.

Name: _____

Date: _____

Signature: _____

StreetAddress: _____ Phone: _____

City, State, Zip: _____ Email: _____

Organization _____

Emergency Contact: _____

Phone: _____

Medical Conditions _____

If visitor/volunteer is under the age of 18, this Release and Waiver of Liability must also be signed by a parent or legal guardian.

Name of Parent/Guardian: _____

Date: _____