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:________