

Barking Holler Animal Sanctuary (BHAS) Volunteer Activity Liability Waiver

_____ The Undersigned, for himself/herself as a participant,
(print name)
or on behalf of his/her child or ward as participant, as applicable, (“The Undersigned”),
does hereby acknowledge and assumes the risk of participation in any and all activities at Barking Holler
Animal Sanctuary, at the Sanctuary residence or any and all locations where BHAS activities take place. He/she
does hereby acknowledge that he/she will release Barking Holler Animal Sanctuary, Inc., its officers, staff
members, volunteers, advisors, property owners, and/or agents in any location where BHAS 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 Barking Holler Animal Sanctuary, 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 Barking Holler Animal Sanctuary, 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 Barking Holler Animal Sanctuary.

I have read the release of liability waiver and agree to the statements listed. _____ (initials)
My signature, whether original, by fax or any other electronic means, is valid as if it were an original signature.

Signature of Parent or Legal Guardian _____