



White Wolf Sanctuary
P.O. Box 65 Tidewater, Oregon 97390
541-528-3588
www.WhiteWolfSanctuary.com
Volunteer Release of Liability Waiver

Thank you for your interest in volunteering at the White Wolf Sanctuary. We are always in need of dedicated, hardworking volunteers. All volunteers must complete this waiver, and attend a Volunteer Orientation meeting before beginning to volunteer.

The Release and Waiver of Liability executed on (Date)_____by

(Volunteer)_____ releases White Wolf Sanctuary (WWS) a 501C3 nonprofit organization existing within the laws of Oregon State, and each of its directors, officers, and agents. The volunteer desires to provide services of WWS and engage in activities related to serving as a volunteer by performing the following duties: anything related to the care of the animals residing at the White Wolf Sanctuary.

Volunteers understand that the scope of volunteer's relationship with WWS is limited to a volunteer position and that no compensation is expected in return for services provided by volunteers, that WWS will not provide any benefits traditionally associated with employment of the work expected. The volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of any services the volunteer has performed at WWS.

1. Waiver and release: I, the volunteer, release and forever discharge and hold harmless WWS and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either as or in equity, which arise or may hereafter arise from the services I provide to WWS. I understand and acknowledge that this release discharges WWS from any liability or claims that I may have against WWS with respect to bodily injury, personal injury, illness, or property damage that may result in services I provide while providing volunteer services.
2. Insurance: Further I understand that WWS does not assume any responsibility for other assistance such as financial, including but not limited to medical, disability benefits or insurance of any nature in the event of such injury or medical expenses incurred by myself.
3. Medical Treatment: I hereby release and forever discharge WWS from any claim whatsoever which may arise on account of any first-aid treatment or other medical services rendered in connection with and emergency during my tenure as a volunteer with WWS.
4. Assumption of Risk: I understand that the services I provide to WWS may include activities that may be hazardous to me including but not limited to any related activities such as cleaning up, animal interactions, maintenance of grounds, construction inside enclosures, etc. I hereby expressly assume the risk of injury or harm from these activities and release WWS from all liability for injury, illness, death or property damage resulting from the services I provide as a volunteer or occurring while I am providing services as a volunteer.

5. Photographic Release: I grant and convey to WWS all rights, title, and interest in any and all photographs, images, video or audio recordings of me or my likeness or voice made by WWS in connections with the services provided by myself. I will also make available any photographs or images I take of the animals in the care of WWS. I will not post any images on any Social Media platform without written express permission of WWS and its directors, and shareholders.
6. Your personal appearance and attire should be neat, clean and professional at all times. WWS T-shirts, sweatshirts, Jackets are encouraged. Your conduct should also be professional. Any foul language will not be tolerated. Good customer service is expected at all times.
7. Other: As a volunteer I hear by agree that this release is intended to be a broad and inclusive as permitted by the laws of the State of Oregon and that this release shall be governed by the interpreted in accordance with the laws of the state of Oregon. In the event that any clause, or provision of this release is deemed invalid, the enforceability of the remaining provisions of this release shall not be affected.

Please Clearly Print All Information

Name: _____ Email: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Cell Phone: _____ DL # _____

If volunteering with a friend of family member please list _____

All Volunteers must be 18 years of age or older. No exceptions!

Emergency Contact Information:

Please notify the following individual (s) immediately in the event of a medical emergency.

Name: _____ Relationship: _____

Street Address: _____ City: _____ State: _____

Zip code: _____ Cell Phone: _____

List special medical conditions or medication that emergency personnel should be aware of

Indemnity Release

I, (Print name) _____ shall not hold the White Wolf Sanctuary

Responsible for, and WWS shall be held harmless from any and all claims and damages, for injury to any persons and for damages to or loss of property, arising out of or attributed to, directly or indirectly, my performance as a volunteer under this agreement, including claims and damages arising in whole or in part from the negligence of the White Wolf Sanctuary.

Signature of the Participant_____

Date_____