

Volunteer Release and Waiver of Liability

Potawatomi Park Inc (DBA: Potawatomi Wildlife Park)



Thank you for volunteering at Potawatomi Park Inc (DBA: Potawatomi Wildlife Park) (PWP) - we greatly appreciate your assistance and support. PWP requires accurate records of all volunteers. Please read and complete this Release and Waiver of Liability carefully as this form releases PWP of all liability while volunteering within the Park. In consideration of PWP allowing me to participate in volunteer activities and all related activities, including any activities incidental to such participation (collectively "Volunteer Activities") within the Park, I, on behalf of myself and my guardians, heirs, representatives, successors and assigns (if any), hereby agree as follows:

1. I release, waive and covenant not to sue PWP and all of its agents, officials and employees from all present and future claims that may be made by me for property damage, personal injury, or wrongful death arising out of my participation in the Volunteer Activities at PWP.
2. I understand that participation in the Volunteer Activities involves certain risks. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.
3. I hereby assume all risks in any way growing out of, arising out of or in any way relating to my participation in the Volunteer Activities. I assume these risks, whether the risks are known or unknown.
4. I understand and agree that PWP is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by ordinary negligence or otherwise.
5. I acknowledge that PWP has not arranged for and does not carry any insurance of any kind for my benefit. I represent that, to the best of my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.
6. I agree to hold harmless PWP for all claims arising out of my participation in the Volunteer Activities.
7. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the State of Indiana and agree that if any portion of this Release and Waiver of Liability is held invalid by a court of competent jurisdiction, the remainder will continue in full legal force and effect.
8. I EXECUTE THIS RELEASE AND WAIVER AS A FREE AND VOLUNTARY ACT AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Volunteer:

----- Printed Name	----- Signature	----- Date
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----- Phone Number	----- Address
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Guardian (if applicable):

----- Printed Name	----- Signature	----- Date
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Emergency Contact information:

Name:
Phone Number:
Relation to volunteer:
Regular Doctor Name & Office number:
Preferred Hospital: