**Fellow Mortals Wildlife Hospital**

**Liability Release**

This release signed this \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of , Zip \_\_\_\_\_\_\_\_\_\_\_, (hereafter referred to as “Releasor/Volunteer”), grants Fellow Mortals Wildlife Hospital (hereinafter referred to as “Fellow Mortals”), the following:

Releasor/Volunteer, with full legal capacity, in consideration of being permitted to perform volunteer duties as may be required for the operation of the organization, does for him/herself, his/her heirs, successors, representatives, insurers, and assigns hereby release and forever discharge Fellow Mortals and its landowners, successors, representatives, staff, Board of Directors, insurers, and assigns of and from any and every claim, demand, action, or right of action, of whatever kind or nature, either in law or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident which may occur as a result of the Releasor/Volunteer’s participation as a volunteer for Fellow Mortals, whether by negligence or for any other reason.

Releasor/Volunteer acknowledges the hazards of wildlife rehabilitation, which include, but are not limited to, scratches, bites, disease, and property damage, and assumes full responsibility for his/her actions when volunteering for the organization whether on or off Fellow Mortals’ premises.

Releasor/Volunteer further acknowledges that he/she has carefully read this Release, and knows and understands the content hereof, and signs this Release voluntarily and without duress.

Releasor/Volunteer has executed this Release on the day and year first written.

Releasor/Volunteer:

*Signature*

 *(print name)*

Parent or Guardian (if Volunteer is under 18)

*Signature*

 *(print name)*