**RELEASE FORM**

I, (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am interested in volunteering/visiting with Goats with Horns Animal Sanctuary located at 52 E Harrison St, Gilbert AZ 85295.

I understand that interacting or working with animals has intrinsic risks which include but are not limited to bites, scratches, and accidental falls.

I accept these risks and agree that I am taking these risks willingly and knowingly.

I will not hold Michelle Lukasiewicz or Goats with Horns Animal Sanctuary responsible in any way, including financially, if an accident or injury occurs during the course of my volunteer/visit time, regardless of the severity of the accident or injury.

I also confirm that I have medical insurance to cover me in the case of an accident or injury necessitating a visit to a physician, hospital, or urgent care facility.

I agree not to place myself in harm’s way by interfering in any animal’s aggressive behavior.

If during the course of my volunteer/visit time, I am asked to do anything that I am uncomfortable doing, or I am uncomfortable with a particular animal, I will refrain from any activity or contact with that animal and inform Michelle Lukasiewicz or her designated point of contact of my concern.

By signing this form, I verify I am over 18 years of age:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental signature for volunteers/visitors under age 18:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_