



# The Hooved Animal Sanctuary

A Vermont Rescue Farm Celebrating 10 Years of Protection,  
Rehabilitation and Community Education.



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The Hooved Animal Sanctuary, P. O. Box 258, Chelsea Vt. 05038 • Tel: 1-802-685-7767

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## **VOLUNTEER RELEASE FORM**

### **WAIVER & RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware that by signing this form and by participating in volunteer activities for HAS you will be waiving and releasing all claims for injuries you might sustain while participating in such volunteer activities.

I \_\_\_\_\_, as a volunteer for the Hooved Animal Sanctuary Inc. (hereinafter HAS), recognize and acknowledge that certain risks of physical injury (including possible death), damage and loss are associated with the volunteer activities I have undertaken and will undertake for HAS. I hereby agree to assume the full risk for and cost of any such injuries (including death), damages or loss which I may sustain as a result of acting and participating as a HAS volunteer."

"I agree to waive and relinquish all claims I may have against HAS, its officers, other HAS volunteers, and HAS employees, as a result of my participation in various activities as a HAS volunteer."

"I agree that I will not enter, at any time, any pastures, paddocks or stalls that are occupied by any HAS animals without the express consent and/or company of a duly-authorized HAS employee. I further agree that I will not provide access to HAS pastures, paddocks or stalls to any unauthorized person or member of the general public who is not expressly authorized to access such places."

I have read and fully understand the above waiver and release of all claims, and sign this document freely and voluntarily, without any duress or coercion, fully intending to be bound by the terms set forth above.

I certify that I am at least (18) years of age. If not, I understand that I may only participate in the Jr. Volunteer group and that I must have the permission of my parent or legal guardian to so participate, and I certify that the signature below is the signature of my parent or legal guardian.

Volunteer's Signature \_\_\_\_\_

Parent's or Legal Guardian's Signature, if under 18 \_\_\_\_\_

Date: \_\_\_\_\_

*Please fill out and mail to above address or submit by hand when coming to volunteer  
You must also submit a "Volunteer Application". See our website for all forms: [hooved.org](http://hooved.org)*