

Acknowledgement and Assumption of Risk

Wild at Heart Wildlife Refuge Centre
Box 370, 11 White Rd.
Lively, ON P3Y 1M4

I, _____ certify that I am over the age of 16 years and have decided, unaided, to become a volunteer member at the Wild at Heart Wildlife Refuge Centre.

I have been informed of the risks involved in working with wild animals and fully understand the duties I will be expected to perform. I also understand that it is my right, at any time, to ask for guidance in any task for which I do not feel completely confident.

I recognize and accept that in dealing with any wild animal or bird, regardless of their size, species, or apparent condition, there is a chance that I may be injured, potentially severely. I understand that even small or apparently friendly animals and birds have been equipped with defense mechanisms that are designed to cause damage, and that I may become the target of attack, intentional or not.

In addition, I have been informed of the possibility of disease transmission between animals and humans. I recognize there is a possibility that myself or those in my household will be exposed to various agents of disease, and have been educated on how to minimize the risk of transmission. I understand that it is recommended that I receive a rabies vaccination and ensure that all other vaccinations are up to date, including Tetanus, in order to fully prevent the transfer of illness.

I also understand that all information (including but not limited to Walden Animal Hospital Client Files, Financial Documents and personnel information) that I receive or come into contact with in the performance of my volunteer work is to be handled with the strictest of confidence.

- I will allow Wild at Heart to use pictures, recordings or written statements that I take part in, for media, display, or other purposes for which Wild at Heart sees fit.
- I will **NOT** allow Wild at Heart to use pictures, recordings or written statements that I take part in.

Signature: _____

Full name (please print): _____

Date: _____

Witness: _____