



Great Lakes
Rabbit
Sanctuary

providing a safe haven to abused, abandoned, and neglected domestic rabbits and others

P.O. Box 7, Whittaker, MI 48190 • (734) 461-1726 • www.rabbitsanctuary.org

Release of Liability For Volunteer or Employee

In consideration of Great Lakes Rabbit Sanctuary, Inc. (the "Charity") offering this volunteer opportunity and/or employment, I agree to the following, intending to be legally bound:

1. Whenever I participate in the Charity's activities or act on behalf of or in furtherance of the Charity in any way, I hereby release, and agree to indemnify, defend and hold harmless the Charity, its directors, officers, employees, agents, and volunteers, and its and their heirs, successors, assigns, and personal representatives, and the owners of the property on which the Charity is located, from and against liability for any injuries, claims, damages, liabilities, losses, judgments, costs or expenses whatsoever (the "Losses"), whether foreseeable or unforeseeable, anticipated or unanticipated, which I or any pet or other person accompanying me might suffer or sustain, even those caused by negligence, except any Losses which are the result of the Charity's gross negligence or intentional misconduct as determined under Michigan law.
2. I fully understand that the activities I am involved in may involve inherent dangers and risks of injury or harm which the Charity cannot eliminate; and, that I may injure myself as a result of my participation in an activity or program. In particular, I acknowledge that there are risks that I could be bitten, scratched, injured or frightened by the rabbits, pigs and/or other animals or otherwise injured while working at the Charity or at any other location and I assume such risks. Injuries may include but are not limited to: shocks, cuts, falls, burns, insect bites/stings, sprains and/or broken bones. I further acknowledge that I will not operate any machinery, power tools, or similar apparatus or equipment while working at the Charity without the express consent of a Charity officer, and that I will use all recommended safety equipment (safety glasses, gloves, etc.) and follow all safety precautions while operating any such equipment.
3. The Charity does not carry, and is in no way responsible for, medical insurance for staff or volunteers, and I acknowledge that any medical care required as a result of an injury which occurs at the sanctuary or while I am representing the Charity at any other location, will be my responsibility, financial or otherwise.
4. I certify that I have read and understand this Release Form and acknowledge that its terms are clear. I fully understand that I am forever giving up, in advance, any right to sue or make claims against the parties I am releasing, if I suffer any injuries or damages.
5. I have accurately and truthfully completed this Release Form, and this release of liability is made fairly and knowingly.

This Release Form is binding upon me and my respective heirs, successors, assigns, executors, and personal representatives.

Dated: _____ Sign Name: _____

Print Name

Address, City, State, Zip

Phone Number(s)

Email Address