



FRIENDS OF ZOO IDAHO [FOZI] VOLUNTEER WAIVER FORM

VOLUNTEER RELEASE & MEDICAL AUTHORIZATION
AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE,
WAIVER AND RELEASE OF CLAIMS INDEMNITY AGREEMENT,
AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT.

WHEREAS, I _____, AGE _____, BEING/NOT BEING over the age of eighteen (18) years of age and not being an employee of the City of Pocatello, a municipal corporation, (hereinafter referred to as the City of Pocatello), have made a voluntary request to work, without being paid compensation, at the Zoo owned and operated by the City of Pocatello, and

WHEREAS, the City of Pocatello is willing to permit me to work without compensation, as a volunteer at the Zoo owned and operated by the City of Pocatello based upon the conditions and understanding stated below.

NOW, THEREFORE, in consideration of the permission given to me to work without compensation as a voluntary at the Zoo owned and operated by the City of Pocatello, I do hereby agree:

1) That I am aware that the work and the animals at the Zoo owned and operated by the City of Pocatello are inherently dangerous and that I may be subjected to risk of death or personal injury or damage to my property as a volunteer worker, and that I freely, voluntarily, and with such knowledge assume the risk of death, personal injury, or property damage arising from or in any way connected with the animals at the Zoo, the work to be performed by me, the supervision or assignment of the work to be performed by me, or the conditions of the Zoo premises.

2) I certify that I am physically fit, have sufficiently prepared or trained for participation in the activities or events scheduled for volunteers at the Zoo, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which would preclude my participation with Friends of Zoo Idaho [FOZI].

3) That the City of Pocatello, its elected officials, supervisors, employees, servants, agents, their sureties and each of them, shall not be responsible or liable for injury, loss, or expense either to me or my property, incurred while working as a volunteer without compensation at the Zoo owned and operated by the City of Pocatello, resulting from any negligent act or omission on the part of any employee or employees at the City of Pocatello.

4) For myself, my heirs, my executors, administrators and assigns to defend and indemnify the City of Pocatello, and each of them against any and all manner of actions, causes of action, suits, debts, claims, demands, or damages, or liability expense of every kind of nature incurred or arising by reason of claimed negligent or wrongful act or omission of mine while working without compensation as a volunteer for the Zoo owned and operated by the City of Pocatello.

5) I grant FOZI and other project sponsors permission to utilize my image in photographic recordings of FOZI work projects and I waive any right to claim compensation in exchange for participating in such FOZI projects. I agree to abide by the rules and regulations of the ZOO and FOZI while participating in FOZI work projects.

6) The volunteer or his/her parent or guardian hereby specifically authorizes the staff of the City of Pocatello to procure transportation for the volunteer to the nearest hospital and its medical personnel to administer necessary emergency professional medical care to the below named volunteer upon his/her arrival at the hospital.

I HEREBY REPRESENT THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT AND SIGNED THE SAME OF MY OWN FREE WILL.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN
IF PARTICIPANT IS A MINOR

DATE