



# Shy Wolf Sanctuary, Education and Experience Center, Inc.

“If you talk to the animals they will talk to you and you will know each other...” Chief Dan George

Nancy J. Smith, President ~ P. O. Box 3032 ~ Naples, FL 34106

By appointment only: Phone: 239-455-1698 ~ E-mail: shywolfsanctuary@aol.com



## ADULT VOLUNTEER RELEASE AGREEMENT

Volunteer Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

The undersigned, \_\_\_\_\_, for and in consideration of the agreement of the *Shy Wolf Sanctuary, Education and Experience Center, Inc.*, to provide the opportunity to volunteer and work with the exotic animals on the premises, does hereby forever release, acquit, discharge, and hold harmless *Shy Wolf Sanctuary, Education and Experience Center, Inc.*, it's officers, trustees, agents, employees, representatives, successors, and assigns for any manner of claims, demands and damages of every kind and nature whatsoever, which the undersigned may now, or in the future, have against *Shy Wolf Sanctuary, Education and Experience Center, Inc.*, it's officers, trustees, agents, employees, representatives, successors or assigns on account of any personal injuries, physical or mental conditions, known or unknown, arising to the person of said volunteer, or in any way growing out of, the acts of employees, representatives, or other volunteers, or their successors, or assigns, including, but not limited to, their negligence or gross negligence, in rendering the opportunities above described, or in any way incidental thereto.

Signed: \_\_\_\_\_ Printed: \_\_\_\_\_

State of Florida, County of Collier

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and did/did not take an oath.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name Notary