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## **VOLUNTEER** **ACTIVITY** **WAIVER**

All volunteers at Big Sky Ranch Animal Sanctuary are required to sign this waiver prior to working with the animals, driving or operating any piece of equipment used on the Ranch, helping with any chores, riding any horses or assisting with any off-site events with Big Sky Ranch.

By signing this form you agree and understand that:

The Undersigned (print name): \_\_\_\_\_, does hereby acknowledge and assumes the risk of participation in any and all activities at Big Sky Ranch Animal Sanctuary, at the Sanctuary residence or any and all locations where BSRAS activities take place. He/she does hereby acknowledge that he/she will release Big Sky Ranch Animal Sanctuary, its officers, staff members, volunteers, advisors, Board Members, property owners, and/or agents in any location where BSAS activities are conducted, of and from all claims which may hereafter develop or accrue to them on account of injury, loss or damage, which may be suffered to them or to any property, because of any matter, thing, or condition, negligence or default whatsoever, and they hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default, or any person or persons whatsoever.

**MUST CONTAIN ORIGINAL SIGNATURE**

Name (Print): \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Date: \_\_\_\_\_ Witness(BSR Representative) \_\_\_\_\_

**This waiver must be signed by a parent or legal guardian if the participant/volunteer is younger than sixteen:**

Name of Youth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent or Guardian Name (Print) \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
Date: \_\_\_\_\_  
Signature of Parent or Legal Guardian \_\_\_\_\_  
Witness (BSR Representative) \_\_\_\_\_

\*Emergency Information

Please notify the following individual(s) immediately in the event of a medical emergency.

Name/Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Province \_\_\_\_\_

Phone Number: \_\_\_\_\_

Any medical conditions or medications that we should be aware of: \_\_\_\_\_

\_\_\_\_\_

PHOTOGRAPHY RELEASE: I give my consent to provide my name, voice photograph and film of myself/or minor child or any pet in my care to the media for advertising, programming or promotional activities for the Big Sky Ranch Animal Sanctuary and understand that I will receive no compensation for giving this permission.

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_