

The Llama Sanctuary

Volunteer Waiver of Liability and Assumption of Risk Agreement

PLEASE READ CAREFULLY BEFORE SIGNING

This Waiver of Liability and Assumption of Risk Agreement ("Agreement") is made between the undersigned Volunteer ("Volunteer") and The Llama Sanctuary ("Sanctuary"), located at 1315 Tappen Valley Road, Tappen, BC.

1. VOLUNTEER ACTIVITIES

I, the undersigned Volunteer, acknowledge and agree to voluntarily participate in activities at the Sanctuary, which may include, but are not limited to:

- - Handling and caring for animals (including llamas, alpacas, cats or other species)
- - Cleaning animal enclosures and facilities
- - Feeding animals
- - Performing maintenance, repairs, or construction work
- - Assisting with events or public interactions

2. ASSUMPTION OF RISK

I understand and acknowledge that volunteering at the Sanctuary may involve unpredictable animal behavior and physical activities that carry inherent risks of injury, illness, property damage, or even death. These risks include but are not limited to:

- - Animal bites, scratches, or kicks
- - Exposure to zoonotic diseases
- - Slips, trips, and falls
- - Lifting or moving heavy objects
- - Working with tools or equipment

I voluntarily accept and assume all such risks, known and unknown, even if arising from the negligence of the Sanctuary or others.

3. RELEASE OF LIABILITY

I hereby release, waive, discharge, and hold harmless The Llama Sanctuary, its directors, officers, staff, volunteers, agents, and property owners ("Released Parties") from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including

death, that may be sustained by me or to any of my property while volunteering at the Sanctuary, whether caused by the negligence of the Released Parties or otherwise.

4. MEDICAL TREATMENT

I understand that the Sanctuary does not carry or provide medical insurance for volunteers. I authorize the Sanctuary to seek emergency medical treatment on my behalf if I am injured or fall ill while volunteering and agree to be responsible for the cost of any such treatment.

5. INSURANCE

I understand that I am not covered by any workers' compensation or liability insurance provided by the Sanctuary and that I am responsible for my own health and accident insurance.

6. CONFIDENTIALITY & CONDUCT

I agree to conduct myself in a safe, respectful, and responsible manner at all times. I will follow all Sanctuary rules, instructions, and safety protocols. I agree to keep confidential any sensitive or private information I may learn during my time as a volunteer.

7. PHOTOGRAPHY RELEASE

I grant the Sanctuary permission to use photographs or video recordings taken of me while volunteering, for promotional, educational, or fundraising purposes without compensation.

8. SEVERABILITY

If any portion of this Agreement is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

ACKNOWLEDGEMENT

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY.

Volunteer Name (Print): _____

Signature: _____ Date: _____

Emergency Contact Name: _____

Phone Number: _____

If Volunteer is under 18 years of age:

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____