



Richmond Wildlife Center

We're Helping Every Animal Live.

**VOLUNTEER WAIVER
Release of Liability Form
Animal Services of Richmond, Inc
Richmond Wildlife Center
3746 Winterfield Rd.
Midlothian, VA 23113
(804) 378-2000**

NAME: _____

(Please Print)

I understand that as a volunteer for Animal Services of Richmond/Richmond Wildlife Center, I will be working with injured, ill and orphaned animals and wildlife. I assume all risks associated with volunteering at Richmond Wildlife Center, including but not limited to, the risk of injury or disease transmission from the animals and wildlife. I understand that there is always a risk of injury and/or property damage involved when working with wildlife, especially during activities related to rescuing, handling, transporting and rehabilitating wildlife, and I agree to assume any and all such risks. I understand that I am to exercise a high degree of care in carrying out my volunteer duties, and in doing so may still be subject to illness, injuries and damage.

I hereby release and hold Animal Services of Richmond, Inc., doing business as Richmond Wildlife Center; Winterfield Veterinary Hospital, Commonwealth Commercial Partners, Timothy G. Benusa & Associates and their respective officers, directors, agents, employees, volunteers, supporters, and event sponsors harmless from liability for any and all actions, claims, damages, disabilities, liabilities and expense of any kind, type or nature that may arise in any manner whatsoever out of my activities as a volunteer for Richmond Wildlife Center, including but not limited to, the rescue, transportation, handling or rehabilitation of wildlife, even though that liability may or may not arise out of negligence or carelessness on the parts of the persons/agents named in this waiver, and hereby waive the right to bring any claim for such actions, claims, damages, disabilities, liabilities and expense against Animal Services of Richmond, Inc., doing business as Richmond Wildlife Center; Winterfield Veterinary Hospital, Commonwealth Commercial Partners, Timothy G. Benusa & Associates and their respective officers, directors, agents, employees and volunteers.

This release and waiver extends to all claims of every kind and nature whatsoever, foreseen and unforeseen, known and unknown.

I also certify that I am responsible for discussing my volunteer service at the Richmond Wildlife Center with my medical doctor and all recommended vaccinations by my medical doctor are my responsibility to obtain and maintain.

I understand that I cannot work with any Rabies Vector Species without a current Pre-exposure Rabies Prophylaxis Vaccination or lab-work supporting required blood titer levels. I understand that such vaccination and routine blood-work is my responsibility and acquired at my personal cost. I also understand that I must provide a copy of the proof of vaccination or blood titer levels if I choose to volunteer with these animals.

Volunteer Signature

Date

List of Potential Exposures of Zoonotic Diseases

The following are a list of common zoonotic diseases that those working with wildlife may be exposed to in the course of rescuing, transporting, handling, caring for, or rehabilitating wildlife. I understand that this list is not all inclusive of such transmissible diseases and I am aware that diseases in wildlife are constantly emerging. I understand it is my responsibility to discuss these diseases and weigh the risks with my medical doctor. I also understand that many of these diseases are also transmissible to my domesticated pets.

No representative, agent, director, volunteer, wildlife rehabilitator, or veterinary professional is equipped to discuss these diseases as it pertains to human health and any and all such questions or inquiries should be directed to your medical doctor or local health department.

Animal Services of Richmond/Richmond Wildlife Center will provide to me a medical alert card from the CDC and USGS to keep on my person and it is my responsibility to make a copy of this card to provide to my medical doctor to retain in my medical record.

Anthrax	Monkey pox
Arbovirus encephalitis	Mycotoxicosis
Brucellosis	Nipah Virus
Campylobacteriosis	Plague
Cat Scratch Fever	Psittacosis
Cryptococcosis	Q Fever
Cryptosporidiosis	Rabies
Giardiasis	Raccoon Roundworm Infection
Hantavirus	Ringworm
Hendra Virus	Rocky Mountain Spotted Fever
Highly Pathogenic Avian Influenza	Salmonellosis
Histoplasmosis	Sylvatic Plague
Hookworm	Tapeworm Infection
Leishmaniasis	Tuberculosis
Leptospirosis	Tularemia
Lyme Disease	Typhus
Lymphocytic Choriomeningitis	West Nile Virus

Volunteer Signature

Date