



**AIDA VOLUNTEER RELEASE FORM / WAIVER OF LIABILITY**

**Adult Release Form**

I, \_\_\_\_\_ agree to volunteer my services, without compensation, to assist Animals In Distress Ass'n. Inc. (AIDA) and its avian facility, the Ruth Melichar Bird Center in the transport, raising, rehabilitation and care of the animals in their possession. I understand and accept the fact that the transport, raising, rehabilitation and care of wildlife of any age, size or species could have some potential risk. I agree that I shall save and hold harmless Animals in Distress Ass'n, Inc. and its avian facility, the Ruth Melichar Bird Center, licensed rehabilitators, principles, agents, employees, board members and officers from any and all damages, injuries, negligence or willful wrongdoing which I may suffer directly or indirectly as a result of my participation in this organization and waive any and all claims which I might otherwise have now or in the future.

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Minor Release Form**

I, \_\_\_\_\_ am authorized and hereby give my permission for my child/ward \_\_\_\_\_ to offer his/her services without compensation, and accompanied by an Adult/Parent/Guardian to assist Animals In Distress Ass'n. Inc. (AIDA) and its avian facility, the Ruth Melichar Bird Center, any time between \_\_\_\_\_ and \_\_\_\_\_. My minor child/ward is under 18 years of age. I understand and accept the fact that the transport, raising, rehabilitation and care of wildlife of any age, size or species could have some potential risk to my child/ward. I agree that I shall save and hold harmless Animals in Distress Ass'n, Inc. and its avian facility, the Ruth Melichar Bird Center, licensed rehabilitators, principles, agents, employees, board members and officers from any and all damages, injuries, negligence or willful wrongdoing which my child/ward may suffer directly or indirectly as a result of his/her participation in this organization and waive any and all claims which my child/ward and/or I might otherwise have now or in the future.

Name of Child/Ward (please print) \_\_\_\_\_

Child/Ward's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of Adult/Parent/Guardian (please print) \_\_\_\_\_

Signature of Adult/Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

\*If you have a compromised immune system, you are volunteering at your own risk.