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# Volunteer Acknowledgement of Risk

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(print your name)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Notice:**

Work at VINS may expose volunteers to some risk of injury depending upon the tasks undertaken. Raptors can inflict serious injury when not properly handled, lifting heavy objects can result in muscle strain, and various environmental dangers exist. Because of this exposure, VINS asks that all volunteers read and sign the following statement:

The undersigned, a volunteer at the Vermont Institute of Natural Science (VINS), acknowledges that \_\_\_\_\_ will be his/her immediate supervisor and staff contact and that all questions, comments, and concerns will be directed to this person. Furthermore, the undersigned agrees to volunteer for VINS according to an initial schedule agreed upon with this supervisor and to give as much advance notice as possible to this person of any change to this schedule he/she may later find necessary.

The undersigned acknowledges that, after a briefing by this supervisor about the tasks that will be assigned, he/she understands the degree of risk associated with this work and has had an opportunity to ask questions and discuss concerns relating to it. Furthermore, the undersigned assures VINS that he/she:

- Has an up to date tetanus vaccination (if required by VINS for the work to be undertaken)
- Will wear or use any safety clothing or equipment VINS may require
- Will carefully follow all directions given by the VINS employee supervising the work assigned

The undersigned hereby waives any claims he/she may have against VINS and releases VINS from any liability resulting from harm or injury sustained by the undersigned in connection with all duties performed as a VINS volunteer.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(participant signature)

\*If under 18 years of age, parent or guardian must sign below:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian signature)