

Endangered Animal Rescue Sanctuary One Day Membership Drive & Animal Tour
Each adult 18 and older person will need to complete the application form



NO PHOTOGRAPHY ALLOWED!

Visitors must follow **ALL rules at ALL times**, which includes **No photography** at any time, cameras, phones, video must be stowed away or left in vehicle before the start of your tour. Visitors Must stay back from **ALL enclosures at least 4 feet**. At no time is contact allowed with any of our animals this is required by the State of Florida. All small children Must be in strollers or held at **ALL times**. **EARS** reserves the right at any time to ask you or your party to leave if you are not following any of the rules above, These rules are in place to protect you and our animals from harm.

Please initial that you have read these rules and will follow them. _____

Date _____

Thank you for your participation at The Endangered Animal Rescue Sanctuary One Day Membership Drive & Animal Tour. Your fee will apply towards a one day membership to EARS Sanctuary for

One Guide Animal Tour.

Please Print Clearly

Name _____

Children's Names (if under 18)

1 _____

2 _____

3 _____

4 _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Please tell us how you heard of us _____

(Which: Newspaper, Magazine, Public Speech? Friend or Neighbor Referral? Return Member?)

E.A.R.S. (Endangered Animal Rescue Sanctuary) is a 501(c)(3) with the IRS and all donations are tax deductible. The information provided above will be kept on file as required by Marion County for membership purposes only. E.A.R.S. does not sell any information to third parties.

EARS ENDANGERED ANIMAL RESCUE SANCTUARY, INC. EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH EXOTIC ANIMALS INCLUDING BUT NOT LIMITED TO LIONS, TIGERS, LEOPARDS, COUGARS, BOBCATS, SERVAL, BEARS, CHIMPANZEES, FOX AND DEER.

I _____ (Print name) do hereby affirm and acknowledge that I am fully aware of the inherent risks and hazards associated with volunteering, care giving, and visiting a site where animals including (but are not limited to) lions, tigers, leopards, cougars, bobcats, servals, bears, chimpanzees, monkeys and fox are kept and/or housed. I fully understand that these risks and hazards can lead to severe injuries or death, and that in the event of an accident, I may need to call upon the services of doctor(s) and/or hospital(s) at my own expense.

I assume all risks of damages, injury, harm and death, and waive any and all rights to sue individually or in a representative capacity even if my injuries are a result of negligence on the part of the following persons or entities, hereinafter referred to as Releasees: Board Members, staff, and volunteers of EARS, Inc.

I release Releasees from liability and responsibility whatsoever, for any claims or courses of action that I, my estate, heirs, executors and/or assigns may have for personal injury, property damage and/or wrongful death arising from activities associated with one or more of Releasees, whether caused by active or passive negligence of one or more Releasees or otherwise. By executing this document, I agree to hold Releasees harmless for any injury or loss of life which may occur to me during any activities associated with one or more Releasees.

By entering into this agreement, I am not relying on any oral or written representation or statements made by the Releasees, other than which is set forth in this agreement. I hereby declare that I am of legal age and am competent to sign this agreement or, if not, my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement.

Despite the potential hazards and dangers associated with the care of the animals and visiting the property or satellite location(s) of Releasees, I wish to proceed and freely accept and expressly assume all risks, dangers, hazards that may arise from working, volunteering, interning, or visiting the property or satellite location(s) of Releasees. I agree that in case of injury or death, my body can and will be tested for drug and alcohol consumption.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Printed Name: _____

Signature: _____

Signature of participant printed above, or if the participant is a minor, signature

Witness Name: _____

Signature: _____

Date: _____