



Bat Caver Program – Volunteer Release Form WCS Wildlife Conservation Society Canada

Volunteer

Name: _____

Telephone Number: _____

Address: _____

Mailing Address (if different than above): _____

Contact Email: _____

Emergency Contact

Name: _____

Relation to Volunteer: _____

Telephone Number (with country code): _____

Address: _____

Email: _____

I, _____,

residing at _____,

having attained the age of 18, have requested permission of WCS Wildlife Conservation Society Canada (“WCS Canada”) to serve without compensation as a volunteer to WCS Canada in the furtherance of its educational, charitable, conservation and research purposes, for such period and at such time or times as may be mutually agreed upon by me and WCS Canada. I understand that as a WCS Canada volunteer I may enter caves or mines to deploy, maintain or retrieve data loggers; search for bat colonies; collect materials (in consultation with BatCaver coordinators); document these activities; and/or perform various other duties as requested. I pledge to not enter caves or mines without at least two other cavers present for safety purposes, and to adhere to the Cavers Code of Conduct (<http://www.cancaver.ca/bcsf/cavethic.htm>).

I recognize and acknowledge that serving as a volunteer may entail certain risks to me, including but not limited to, in or through activities at work and research sites, and transportation by ground, water or air, conducted by WCS Canada, its affiliates, and their agents or third parties, under dangerous conditions. As a volunteer, I assume all risks, known or unknown, associated with such activities. In assuming these risks and signing this release I am acting freely and entirely upon my own initiative, risk and responsibility and under no circumstances am I to be considered an employee, servant or agent of WCS Canada.

At my sole cost and expense, I agree to maintain adequate health insurance coverage during the entire time I serve as a volunteer with WCS Canada. Before commencing my volunteer activities, I agree to provide WCS Canada with proof of such insurance coverage.

In any event, I recognize and acknowledge that WCS Canada assumes no responsibility for my health or safety while I am serving as a volunteer to WCS Canada.

I agree to provide WCS Canada contact information of a person who may be notified in the event of an emergency in the space provided below.

IN CONSIDERATION OF WCS'S GRANT OF SUCH PERMISSION, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED, I HEREBY FOREVER INDEMNIFY, RELEASE, DISCHARGE AND HOLD HARMLESS WCS CANADA, ITS AFFILIATES, AND THEIR RESPECTIVE TRUSTEES, OFFICERS, AGENTS, SERVANTS AND EMPLOYEES OF AND FROM ANY AND ALL CLAIMS, DEMANDS, ACTIONS, CAUSES OF ACTION, WHETHER SOUNDING IN TORT, CONTRACT, OR OTHERWISE, JUDGMENTS AND LEGAL FEES WHATSOEVER WHICH I MAY HAVE, NOW HAVE OR WHICH MAY ACCRUE IN MY FAVOR IN THE FUTURE ON ACCOUNT OF ANY PERSONAL INJURY, INCLUDING DEATH, OR LOSS OF OR DAMAGE TO ANY PROPERTY SUFFERED OR SUSTAINED BY ME FROM ANY CAUSE WHATSOEVER, INCLUDING THE NEGLIGENCE OF WCS CANADA, ITS AFFILIATES, OR ANY OF THEIR RESPECTIVE TRUSTEES, OFFICERS, AGENTS, SERVANTS OR EMPLOYEES, OR ANY OTHER VOLUNTEERS, DURING OR IN CONNECTION WITH MY PERFORMANCE OF SUCH VOLUNTARY SERVICES FOR WCS CANADA ON WCS PREMISES, RESEARCH SITES OR ELSEWHERE OR WHEN EN ROUTE TO OR FROM WCS PREMISES OR THE LOCATION OF THE SITE WHERE SUCH SERVICES ARE TO BE PERFORMED.

This release shall be binding upon my heirs, next of kin, executors, administrators and assigns. I agree that I will not institute any action in any forum in any country worldwide seeking to hold WCS Canada responsible for any such injuries or damages.

IN WITNESS WHEREOF, I have read and understood this agreement and hereunto set my hand and seal this ___ day of _____, 201__.

Signature of Volunteer

Submit Form

By email: batcaver@wcs.org

By mail: BatCaver Program,
Wildlife Conservation Society Canada
c/o Box 164,
Tahsis, BC
V0P1X0