



Portion 5 ,Symington Farm 167JU, Hectorspruit  
PO Box 1013, Komatipoort, 1340  
T: 079 988 5748  
M: deidre@fwrc.org.za

## Indemnity Form

Please read this form thoroughly and sign it to indicate that you understand the risks inherent to you volunteering at Wild and Free Rehab. You will not be permitted to participate in any activities until we have received your form, signed and dated. Volunteers have been advised that the activity of working with wildlife is hazardous and involves contact with animals that are unpredictable. This agreement is for the benefit of Wild and Free Rehab and each of its staff members, employees, officers, directors, agents, and representatives (known individually as an “Indemnitee” and collectively as “Indemnitees”)

- I agree to abide fully by all the rules of Wild and Free Rehab.
- I agree to accept full responsibility for my own actions and undertake not to interfere with any wild animals at any stage.
- I accept that if I break the rules I will be issued with a written warning, and if I continue to break the rules I will be removed from the program with immediate effect and expected to cover the cost of removing myself from the premises and returning home myself.
- I understand and accept that any research I gather, compile and/or analyze and any work I may do whilst at Wild and Free Rehab, or for the center, remains the property of the center in its entirety and that I may make no claim on it, either now or in the future.
- I am aware that injuries, loss of or damage to personal property, and death may occur as a result of volunteer’s participation at the center. I agree that Wild and Free Rehab and Indemnitees shall not be held responsible or liable for any personal injury or other injury, including death, damage, loss, or expense to Volunteer or his/her property, whether or not such injury, death, damage, loss, or expense is caused by negligence of Wild and Free Rehab, any Indemnitee, or a third party.
- I agree to allow all photographs or images (either moving or still) taken of me during my time as volunteer at Wild and Free Rehab to be used by the center for advertising and marketing purposes if they so require.
- I also understand that Wild and Free Rehab is a non-profit organization, and I will not use any photographs or images (either moving or still) that I take to make money in any way.
- No photographs or images (still or moving) will be posted on social media if it has not been approved by Wild and Free Rehab’s board members.



Portion 5 ,Symington Farm 167JU, Hectorspruit  
PO Box 1013, Komatipoort, 1340  
T: 079 988 5748  
M: deidre@fwrc.org.za

- I represent and warrant that I am physically and mentally fit to safely work with animals and public at the center. Should an accident or other medical emergency occur while participating at the center or while I'm on route to or from Wild and Free Rehab sponsored events and Wild and Free Rehab staff or members are unable to timely reach emergency contacts for medical authorization, then I hereby gives consent to Wild and Free Rehab staff or members to authorize medical treatment.
- I warrant that I will be responsible for any and all billings and debts incurred with respect to medical treatment or services.
- I warrant that I have the authority to enter into this agreement.
- If any provision of this Agreement is found to be unenforceable in any way, it shall be enforced to the maximum extent possible and all other provisions of the Agreement shall remain in full force and effect.

I, the undersigned, \_\_\_\_\_ hereby  
acknowledge that I agree and understand to the above Agreement,

Date \_\_\_\_\_

\_\_\_\_\_  
(Signature)



Portion 5 ,Symington Farm 167JU, Hectorspruit  
PO Box 1013, Komatipoort, 1340  
T: 079 988 5748  
M: deidre@fwrc.org.za

## Contact and Medical Information

Daytime telephone number(s): \_\_\_\_\_

Evening telephone number(s): \_\_\_\_\_

Emergency contact/number: \_\_\_\_\_

Medical Information:

\_\_\_\_\_  
*(Name of insurer)*

\_\_\_\_\_  
*(Policy Number)*

\_\_\_\_\_  
*(Insurer's telephone number)*

\_\_\_\_\_  
*(Physician's Name)*

\_\_\_\_\_  
*(Physician's contact details)*