



Birmingham Zoo, Inc. Volunteer Program
Birmingham Zoo 2630 Cahaba Road
Birmingham, AL 35223
(205) 397-3863 (Fax) 879-9426

Birmingham Zoo General Release Form

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address _____
Phone: _____ 18 or over? Yes _____ No _____
Emergency Contact Name: _____ Emergency Contact Phone #: _____

COMPLETE, GENERAL RELEASE, AND CONFIDENTIALITY STATEMENT

- 1. Agreement: I understand that I, or my child, may only volunteer during assigned times and must properly sign in and out as a volunteer. I understand that I am responsible for providing transportation to and from the zoo for myself, or my minor child, when the volunteer assignment starts and ends. I also understand that if I, or my minor child, has not been provided transportation within 30 minutes of the end of the event, my child may not be able to volunteer at future events at the Zoo.
2. For and in consideration of the approval of the above-named individual's participation as a volunteer for the Birmingham Zoo, Inc., an Alabama nonprofit corporation ("BZI") in the "Volunteer" program, the undersigned, for himself or herself, his or her minor child, his or her attorneys, agents and their respective heirs and assigns, hereby GENERALLY AND COMPLETELY RELEASES, REMISES, ACQUITS and FOREVER DISCHARGES the BZI, its successors and assigns, affiliates, officers, directors, servants, employees, attorneys, and agents, forever from all injuries, illnesses, death, claims, actions, causes of action, demands, rights, damages, costs, attorneys' fees, expenses, debts, liabilities and compensation of any and every kind, known or unknown, that result or may result from the above-named individual's participation in the "Volunteer" program or other activity or attendance at BZI. The undersigned acknowledges that the undersigned has been informed that this volunteer activity may expose the above-named individual to risks and hazards that may result in an injury, illness, personal injury or death. The undersigned accepts such risks and voluntarily chooses for the above-named individual to participate in the "Volunteer" program. The undersigned acknowledges that he or she has carefully read this release and has been advised about the opportunity to seek legal counsel prior to execution. By signing this form, the undersigned understands that this is a release of all claims for any illness, injury, or death that may result that occurs indirectly or directly or indirectly as a result of the undersigned volunteer for BZI.
3. Furthermore, the undersigned agrees to treat confidentially all information, knowledge or materials provided by BZI or observed or discovered while serving as a volunteer for BZI and shall not disclose any such information to any third party without the prior consent of BZI; provided, however, the forgoing covenant shall not apply to any information that is: (i) publicly available when provided, (ii) thereafter becomes publicly available or (iii) required to be disclosed by judicial or administrative process in connection with any action, suit, proceeding or claim or otherwise by applicable law.
4. Medication: The Birmingham Zoo is NOT responsible for administering medication to Education Department program participants. Please administer medication to the program participant prior to their arrival at the Birmingham Zoo. Should a program participant need medication during their time in an Education Department program, the participant must be able to administer that medication without assistance. In the event that a third party needs to administer medication during an Education Department program, the third party will need to either be present with the program participant or will need to come back to the Zoo to administer the medication. Please arrange an appointment to administer the medication with the program manager. In the event that a situation requires immediate attention, 911 will be called and medication will only be administered if directed to do so by emergency medical professionals.
5. The undersigned also irrevocably consents to BZI's sole use and ownership of any data, photographs, techniques developed by the undersigned while serving as a volunteer for BZI. At its sole discretion, BZI may publish or disseminate any photographic likeness of the undersigned.
6. I understand that I, or my child, must be at least 14 years of age or older on or before their first act of volunteerism for BZI.
7. IN WITNESS WHEREOF, intending to be legally bound, the undersigned executes this Complete, General Release and
8. Confidentiality Statement as of this _____ day of _____, _____ year.

Print Volunteer's Name

Parent or Legal Guardian's Name (for anyone under 18)

Volunteer's Signature

Parent or Legal Guardian's Name (for anyone under 18)