

**STATE OF RHODE ISLAND  
GENERAL RELEASE OF ALL CLAIMS**

Despite all efforts to provide adequate training and a safe working environment, accidents may happen. This release form is designed to protect the State of Rhode Island from liability. Please read this document carefully before signing it.

This release is executed this \_\_\_\_ day of 20\_\_\_\_, by \_\_\_\_\_ of \_\_\_\_\_ City of \_\_\_\_\_, State of \_\_\_\_\_, hereinafter called "Releaser".

1. The Releaser, on behalf of himself/herself, his/her heirs, executors, administrators and assigns, hereby fully release and forever discharges the State of Rhode Island and those landowners whose real and personal property may be used in the rehabilitation, treatment or care of domestic or wild birds and animals. their officers, assigns, agents and heirs, from all claims, demands, actions or causes of action on account of death, injury, or other damages suffered by the Releaser which they now have or may hereafter have against the State of Rhode Island, and the landowners whose real and personal property may be used in the rehabilitation of indigenous wild birds.
2. The Releaser has read this release and. has understood the terms used herein and the consequences thereof

Initial: \_\_\_\_\_

**RELEASE AND COVENANT NOT TO SUE**

The undersigned volunteer (or parent of volunteer) in \_\_\_\_\_ acknowledges that he/she understands that in the Rhode Island Animal Disaster / Animal Care Plan (RIAD/ACP) the STATE OF RHODE ISLAND and any other sponsor and/or volunteer or contributor makes no representations as to the safety of the site or sites upon which the participants may go as a part of the Project, and that the activities on said sites are at the sole risk of the undersigned.

NOW THEREFORE, in consideration of participation in the RIAD/ACP, the undersigned for himself/herself and for his/her heirs, spouse, child, legal representatives and assigns, does hereby release and forever discharge the STATE OF RHODE ISLAND and any other sponsor volunteer and/or contributor, their agents, officials, and employees from any and all liability for any personal injuries or other damages which may be suffered in connection with said activities. Further, the undersigned covenants not to sue on behalf of himself/herself or his/her children, the STATE OF RHODE ISLAND and any other sponsor, volunteer, contributor, their agents, officials, and employees for any losses or damages occasioned during the use of said site. The undersigned expressly agrees that this Release and Covenant Not To Sue is intended to be as broad and inclusive as permitted by the laws of the State of Rhode Island and that if any portion is held invalid it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned certifies that he/she has carefully read all of the above, that he/she understands it, and that this release is signed of his/her own free will.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Declaration of Witnesses:**

I, the undersigned witness, certify that \_\_\_\_\_ in my presence acknowledged that he/she has read and understood the meaning and consequences of the foregoing, and. has signed the same in my presence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**If participant is under 18 years of age, Signature of Parent/Guardian:**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_