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## PERSONAL INFORMATION:

Name:	_ Address:
City, State, Zip	
DL #Phone:	Email
AGREEMENT: I agree that while volunteering/working at Bat World Sanctuary I will refrain from the use of tobacco and illegal drugs on any and all property owned by Bat World Sanctuary. I agree to refrain from exceedingly offensive or abusive language and behavior. I understand that my not abiding by these rules can result in my dismissal at the sole discretion of the directors of Bat World Sanctuary. I agree, to not at any time, intentionally or improperly misrepresent, through verbal or written communications, photographs, or videos, in any form (public or private) the organization, BWS staff, and/or the animals under the organization's care through false and unprivileged statements of fact. I agree that if I share my images on the internet, they will be accurately portrayed. If BWS requests correction to photos or statements made on the internet, I agree to make such corrections. I also agree that my photos/videos taken of the facilities, the bats, staff and other volunteers at Bat World Sanctuary (BWS) may not be sold without express written permission from BWS. Copies of my materials may be requested by BWS may be requested and used to further our education and conservation efforts. Full credit will be issued to the photographer, videographer or producer as identified by the information given in this document.	
volved in at Bat World Sanctuary. I hereby voluntarily causes of action for mental duress, personal injury, p damage or any other damages arising from participate ever or however the activities may occur. By my signed to discharge in advance the Bat World Sanctuary, mentioned causes of action even though that liability those persons or Bat World Sanctuary. Venue for any breach of this contract shall be in Tarrant County, Textual County, Textu	Ising from participation from any and all activities I am inversely release, discharge and relinquish any and all actions or ersonal illness including rabies and histoplasmosis, property tion in this program or any activities incidental thereto whereature, I indicate that I understand that this release is intendany of its officers, staff, or volunteers for any of the above of may arise out of negligence or carelessness on the part of or lawsuit to enforce this contract or for any lawsuit alleging exas. By signing below, I certify that that I have read the I understand and agree with the contents. I also state that I sysical and mental health.
Signature	Date
DIVIS Officer /Staff	Date



BATWORLD.ORG 940-325-3404 INFO@BATWORLD.ORG