

WOLFTOWN!

Release and Emergency care form.

(Please prints your name, address and phone number here)

My family and I release Teresa Martino, Wolftown, Board members and all staff and volunteers from any and all Liability. I take full responsibility for my actions, realizing that any horse, wolf or wolf/dog, or raptor, regardless of training and past experiences can react out of instinct or fright and that being around, riding or working with these animals is risky and can result in injury or death. I fully understand and accept this and ride or work or visit with these animals at my own risk.

You/your child must be current and up to date on your tetanus vaccine.

By signing this you promise and swear that if you were bitten, scratched or otherwise injured that you would submit yourself or your child to having the rabies injections needed to prevent rabies in human beings. I sign for myself and for my underage child.

(Note: All our wolves are vaccinated against rabies but the government agencies in charge do not yet recognize its use in preventing rabies in wolves. The reason for having this clause on the release is to prevent our wolves from being killed as a means of determining if they were carrying rabies. In case of an accident wolf would be quarantined and observed.)

I fully understand this release form. Signed, _____ -

I or my child have this condition that you should be aware of:

Date

Child's Name

In Case of Emergency Please contact

Name

Address

Phone

If I cannot be reached, please call:

Name

Phone

I _____ Give Wolftown Permission to get emergency Medical care for my child.

Please take my child to:

Doctor or clinic name:

Address:

Phone

Signed

Date