



Release of Liability and Waiver

I understand that before I handle and or come in contact with animals, it is important to discuss being vaccinated against tetanus with my physician. I release Friends for Animals – Humane Society of Burke County (FFA) from any and all liability and responsibility and whatsoever may occur because of my decision not to pursue this matter further and I understand that whatever decision I make is at my own risk. I have read, fully understand and I agree to the above tetanus information.

I acknowledge and understand that as a volunteer of Friends for Animals – Humane Society of Burke County, I am not covered by any Workers Compensation Policy or by any other insurance policy through Friends for Animals for any damages or injuries that I may sustain during volunteer activities. I understand that I am responsible for obtaining health insurance coverage through an independent health insurance company.

I fully understand that as a part of my volunteer for Friends for Animals I may come into contact with animals either by directly handling them, fostering them or assisting in their care and adoption. Further, I understand that working with animals carries a number of risks, including but not limited to the risk of injury, and that is possible that I may be bitten, scratched, and or otherwise injured. I also understand I may come in contact with sick and potentially contagious animals and I am aware that some diseases can be carried home on a persons' clothing.

I fully understand that as a volunteer and or foster parent for Friends for Animals, my family may come in contact with animals at/from Friends for Animals. If I am fostering an animal, my family and/or guests may come into contact with animals in my home. I understand that working with animals carries a numbers of risks, including but not limited to the risk of injury, and it is possible that my family and or guests may be bitten, scratched and or otherwise injured.

My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability Friends for Animals or any of its past, present, or future officers, agents, volunteers, employees or assigns, from all acts which are related to the normal performance of required and implied duties. My signature, whether original, by fax or any other electronics means, is valid as if it were an original signature.

Volunteer Signature

Date

Printed Name

Signature of Parent/Guardian
(If Volunteer is under the age of 16 years old)

Date

Emergency Contact Information

In care of emergency, I authorize Friends for Animals to notify the contacts listed below:

Primary Emergency Contact

Name: _____

Relationship: _____

Address: _____

Phone Numbers: _____

Secondary Emergency Contact

Name: _____

Relationship: _____

Address: _____

Phone Numbers: _____