

Volunteer Waiver and Release

Name of Volunteer: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact: _____

Relationship of Emergency Contact: _____

Allergies/Health Concerns: _____

By signing below, I acknowledge and agree that I am a volunteer, and not an employee of Panhandle Paws of Hope (“PPOH”). As a volunteer, I agree to follow the instructions and protocols of PPOH as explained by the PPOH President, or her designee(s). I understand there are inherent risks in working with animals. Therefore, **I agree to waive any and all claims against PPOH, its board of directors, officers, volunteers, agents, sponsors, and adoption-location providers (including, but not limited to, Tractor Supply Company), and release them from any liability for any injury that may arise from or occur at PPOH adoption events and/or working with PPOH animals.** Should I be injured during the course of my volunteering, I am solely responsible for any medical bills or costs associated with my injury.

If the volunteer is under the age of eighteen (18), the child and the child’s parent or guardian must sign this agreement, and the parent or guardian must agree to the terms above on behalf of their child and themselves, **including specifically the waiver and release of claims.**

Volunteer: _____ Date: _____

Parent/Guardian: _____ Date: _____