



Colonial Capital Humane Society

Volunteer Waiver and Release of Liability

Today's Date (mm/dd/yyyy): _____

First Name: _____

Last Name: _____

Are you under the age of 18? Yes No

If under 18, list birthdate (mm/dd/yyyy): _____

Parent or Guardian must sign this form and be present with you while volunteering.

Home Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Facebook: Yes No **Please request to join our Facebook Group to learn about upcoming volunteer activities.**

Driver's License Number or Photo ID (State of Issue & Number): _____

Emergency Contact Information

In case of emergency, I authorize Colonial Capital Humane Society (CCHS), to notify the contact listed below:

Primary Emergency Contact

Name / Relationship: _____

Address: _____

Phone Number(s): _____

Signature: _____ Date (mm/dd/yyyy): _____

Signature Parent/Guardian: _____ Date (mm/dd/yyyy): _____

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- I _____ understand that because I may handle and/or come in contact with animals, it is important to discuss being vaccinated against tetanus with my physician. I release Colonial Capital Humane Society from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk. I have read, understand and agree to the above tetanus information.
- I _____ acknowledge and understand that as a volunteer of Colonial Capital Humane Society, I am not covered by workers' compensation or any other insurance policy through Colonial Capital Humane Society for any damages or injuries I may sustain during volunteer activities. I understand that I am responsible for obtaining health insurance coverage through an independent health insurance company.
- I _____ understand that as a part of my volunteer work for Colonial Capital Humane Society, I will come into contact with animals either by directly handling them, fostering or through assisting in their care and adoption. Further, I understand that working with animals carries a risk of injury, and that it is possible that I may be bitten, scratched, and/or otherwise injured.
- I _____ understand that as a volunteer and/or foster home for Colonial Capital Humane Society, my family may come in contact with animals at Colonial Capital Humane Society events, and I and my family and/or guests may come into contact with animals in my home if I am fostering an animal. I understand that working with animals carries a 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 Colonial Capital Humane Society 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 electronic means, is valid as if it were an original signature.
- My signature to this volunteer liability release

Signature: _____ Date (mm/dd/yyyy): _____

Signature Parent/Guardian: _____ Date (mm/dd/yyyy): _____