Volunteer Waiver

| In signing this statement, I u | inderstand and agree | to the following: | |
|---|--|---|----|
| procedures as set forth by CCARE). I agree to serve as appropriate rules and regula compensation for the hours Companion Animal Rescue employees, directors, and in in matters relating to my ser | CARE Companion Anir a volunteer at the discritions. I verify that I ar I work in a volunteer of Endeavor, Northwood asurance carriers from vice as a CARE volunthis document constitution. | agree to abide by the policies and mal Rescue Endeavor (herein referred to ascretion of CARE and will abide by all may a volunteer and do not expect any capacity. I agree to hold harmless CARE Animal Hospital and any of its agents, all actions, claims, damages, or judgments afteer. This includes, but is not limited to utes permission for CARE to take and indees | |
| Date: | | | |
| Volunteer Signature: | | | _ |
| * This waiver must contain o | | photo-copies, or facsimiles will be accepted | d. |
| | Emergency No | <u>otification</u> | |
| Please provide the name, ac emergency. | ddress, and phone nu | mbers of the person to contact in case of a | n |
| Name: | | Relationship to you: | _ |
| Address: | | | _ |
| City, State, Zip: | | | _ |
| Home Phone: | Work [.] | Cell: | |