

Volunteer Waiver

In signing this statement, I understand and agree to the following:

I _____ agree to abide by the policies and procedures as set forth by CARE Companion Animal Rescue Endeavor (herein referred to as CARE). I agree to serve as a volunteer at the discretion of CARE and will abide by all appropriate rules and regulations. I verify that I am a volunteer and do not expect any compensation for the hours I work in a volunteer capacity. I agree to hold harmless CARE Companion Animal Rescue Endeavor, Northwood Animal Hospital and any of its agents, employees, directors, and insurance carriers from all actions, claims, damages, or judgments in matters relating to my service as a CARE volunteer. This includes, but is not limited to personal injury. Signing of this document constitutes permission for CARE to take and display photographs and/or digital images of attendees

Date: _____

Volunteer Signature: _____

Witness: _____

* This waiver must contain original signatures, no photo-copies, or facsimiles will be accepted.

Emergency Notification

Please provide the name, address, and phone numbers of the person to contact in case of an emergency.

Name: _____ Relationship to you: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work: _____ Cell: _____