

Recycled Rovers Rescue, Inc.

PO Box 8754, Fayetteville, AR 72703

www.recycledroversrescue.com

VOLUNTEER WAIVER AND LIABILITY RELEASE

Name: _____

Date: _____

Address: _____

Phone: (home) _____
(cell) _____
(work) _____

Email: _____

For our records, please attach a copy of your driver's license or other photo ID.

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact: Name/Relationship: _____

Address: _____

Phone Numbers: _____

Secondary Emergency Contact: Name/Relationship: _____

Address: _____

Phone Numbers: _____

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RELEASE OF LIABILITY AND WAIVER

- I acknowledge and understand that as a volunteer of Recycled Rovers Rescue, Inc., I am not covered by workers' compensation or any other insurance policy through Recycled Rovers Rescue, Inc. 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 fully understand that as a part of my volunteer work for Recycled Rovers Rescue, Inc., I will come into contact with animals either by directly handling them, fostering or through assisting in their car and adoption. Further, I understand that working with animals carries a risk of injury, and it is possible that I may be bitten, scratched, and/or otherwise injured.
- I fully understand that as a volunteer and/or foster home for Recycled Rovers Rescue, Inc., my family may come in contact with animals at Recycled Rovers Rescue, Inc. 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 Recycled Rovers Rescue, Inc. or any of its past, present or future Officers, agents, volunteers, employees or assigns, from all acts which are related to the normal performance required and implied duties. My signature, whether original, by fax or any other electronic means, is valid as if it were an original signature.

Signature of Volunteer

Date

Printed Name of Volunteer

Date Received by Recycled Rovers Rescue, Inc. Secretary: _____

Date and Initials of Secretary

Please return original copy to Recycled Rovers Rescue, Inc.
Please keep one copy for your personal records.