



Thank you for volunteering!

Important: Each volunteer must sign the “Release and Waiver of Liability” before working on a TAILS OF HOPE, INC. site or event. Read this waiver very carefully before you sign. Waiver applicable 1 year from date of signature. **Volunteers ages 18 and under are not permitted in the clinic unless accompanied by an adult and with a completed and signed Release and Waiver Liability for Minors form.**

Release and Waiver of Liability for Minors (age 18 and under)

This release and Waiver of Liability (the “Release”) executed on this _____ day of _____, 20____, by the minor volunteer and his/her legal guardian _____ in favor of TAILS OF HOPE, INC., a nonprofit corporation organized and existing under the laws of the State of Pennsylvania, USA in Hermitage, PA and of their directors, officers, employees, and agents (collectively, “TOH”).

The Minor (first and last name) _____, desires to work as a volunteer for TOH and engage in the activities related to being a volunteer for a work project. I, the legal guardian (first and last name) _____ hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **Waiver and Release.** The guardian and minor release and forever discharges and hold harmless TOH and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the minor’s volunteer work at TOH. The guardian/volunteer understands and acknowledges that this Release discharges TOH from any liability or claim that guardian and minor may have against TOH with respect to bodily injury, personal injury, illness, death, or property damage that may result from participation on the TOH worksite. It is also understood that TOH does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.
2. **Insurance.** The guardian and minor understands that we expressly waive any such claim for compensation or liability on the part of TOH beyond what may be offered freely by the representative of TOH in the event of such injury or medical expense. **VOLUNTEERS ARE EXPECTED AND ENCOURAGED TO OBTAIN THEIR OWN MEDICAL OR HEALTH INSURANCE.**
3. **Medical Treatment.** The guardian and minor hereby release and forever discharge TOH from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the minors time with TOH.
4. **Assumption of Risk.** The guardian understands that the minors time with TOH may include activities that may be hazardous to them including, but not limited to, working near or with animals and working near or with the public. We recognize and understand that the minor’s time with TOH may, in some situations, involve inherently dangerous activities. As the guardian for the said minor I hereby expressly assume the risk of injury or harm in these activities and release TOH from all liability for injury, illness, death or property damage resulting from the activities of the minors time at TOH.
5. **Photographic Release.** As the guardian of said minor I grant and convey unto TOH all right, title, and interest in all photographic images and video or audio recordings made by TOH during the minor’s work with TOH.



6. **Other.** As the volunteer I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Pennsylvania in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Pennsylvania. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

All Volunteers must complete this entire form.

To express my understanding of this Release, I sign here.

Legal Guardian

Print

Name: _____ Signature _____

Dependent Minor

Print

Name: _____ Signature _____

Legal Guardian’s Personal Information (Please PRINT clearly)

Print Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Alternate Phone: _____

Email: _____@_____.com

Age: _____

Emergency Contact for Dependent Minor

Emergency Contact Name (Please PRINT clearly) _____

Emergency Contact Phone Number: _____

Revised: 07/01/2020