

A loving home for every dog; an educated person in every home

## **Safely Home Canine Rescue**

PO Box 1618 Plainfield, IL 60544

Phone: (855) 85-4DOGS shcr@safelyhomecaninerescue.org

## **VOLUNTEER WAIVER AND LIABILTY RELEASE**

Birth Date:		
First name:	-	
Last name:		
Address:	-	
Phone: (home, work, , cell)		
e-mail:		
EMERGENCY CONTACT INFORMATION In case of emergency, I authorize Safely Home Canine I	Rescue to notify the contacts list	ted below:
Primary Emergency Contact:		
Name / Relationship:Address:Phone Number(s):		
Secondary Emergency Contact:		
Name / Relationship:Address:Phone Number(s):		_
Signature	_ Date	_

## RELEASE OF LIABILITY AND WAIVER

- 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 Safely Home Canine Rescue from any and 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 Safely Home Canine Rescue, I am not covered by workers' compensation or any other insurance policy through Safely Home Canine Rescue 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 if transporting I am required to have a valid driver's license and car insurance. Safely Home Canine Rescue is not responsible for any damages during transport. I also attest that I will abide by all traffic laws and regulations and any violation is solely my responsibility.
- I fully understand that as a part of my volunteer work for Safely Home Canine Rescue, 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 fully understand that as a volunteer and/or foster home for Safely Home Canine Rescue, my family may come in contact with animals at Safely Home Canine Rescue 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 Safely Home Canine Rescue 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.
- I fully understand that I will not be compensated or reimbursed for any expense I incur as a volunteer of Safely Home Canine Rescue unless I have received prior express written authorization from the President and one other Officer.

**If under the age of 18 years old, legal guardian must sign.	
Signature	Date

This release is valid for one year from the date of the signature as validated by an officer.