



Coastal Sheltie Rescue+
hearts for herders

COASTAL SHELTYE RESCUE+

PO BOX 56162 VIRGINIA BEACH VA 23456

****Please print this form, initial and sign below in blue or black ink, and mail to the appropriate address. Below waiver is required by all potential adopters or volunteers as part of the adoption process. We will not process with your application without this section being signed.**

WAIVER OF LIABILITY, MEDICAL RELEASE, PHOTO/VIDEO RELEASE AND INDEMNIFICATION AGREEMENT

In consideration for being permitted by Coastal Sheltie Rescue to participate as a volunteer in various activities, I hereby waive, release, and discharge any and all claims and damages for personal injury, death, or property damage which I may sustain or may which hereafter accrue as a result of my participation as a volunteer and resulting from negligence or misconduct of CSR+. This release is intended to discharge in advance CSR+, its' Directors, Officers, and/or agents to include their heirs, agents, representatives, successors and assignees from and against any and all liabilities, actions, claims, demands, costs, or expenses arising from or in any way connected with my participation as a volunteer and resulting from the negligence or misconduct of CSR+. I understand that various activities involving dogs and/or puppies can be hazardous in nature involving the possibility of being bitten, scratched, jumped on, dragged or knocked over. The possibility of serious accidents and/or injury can occur during participation in volunteer activities. Knowing the risks involved nevertheless I have voluntarily applied to participate in volunteer activities and I hereby agree to assume all risks of injury, and to release and hold harmless CSR+, its' Directors, Officers, and/or agents who through negligence or carelessness might otherwise be liable to me. I further agree to indemnify and to hold CSR+, its' Directors, Officers, and/or agents free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage I may sustain while participating as a volunteer. I agree that all services I provide are charitable in nature and entirely voluntary, and there will be no compensation of any kind for the performance thereof. Further I have been fully advised that as a non-employee I am not covered by worker's compensation and am not covered under any medical insurance plan associated with my volunteer position with CSR+. I hereby release CSR+ from any liability arising from personal and advertising injury. More specifically, I grant permission to use my likeness in a photograph/video or any photo/video that I upload to the CSR+ Facebook page or designated repository (e.g. Flickr) in any and all of its advertising or collateral materials, including the CSR+ website (www.coastalsheltierescue.org) without payment or any other consideration. I hereby irrevocably authorize CSR+ to edit, alter, copy, exhibit, publish or distribute any photos/videos taken of or by me for purposes of publicizing the CSR+ organization or for any other lawful purpose. **I HAVE CAREFULLY READ THIS WAIVER OF LIABILITY, MEDICAL RELEASE, PHOTO/VIDEO RELEASE AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND THE CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AGREEMENT BETWEEN MYSELF (AND MY GUARDIAN, if applicable) AND CSR+.**

APPLICANT'S/VOLUNTEER SIGNATURE _____ Date _____

APPLICANT'S/VOLUNTEER **PRINT** NAME _____

CO-APPLICANT'S/ VOLUNTEER SIGNATURE _____ Date _____

APPLICANT'S/VOLUNTEER **PRINT** NAME _____

ADULT OVER 18 LIVING IN HOUSE/ VOLUNTEER SIGNATURE _____ Date _____

APPLICANT'S/VOLUNTEER **PRINT** NAME _____