

The RESCUE  EXPRESS
(a 501(c)(3) Corporation)

psquare828@comcast.net
484-557-6303

christinerescueexpress@gmail.com
267-251-8856

VOLUNTEER WAIVER AND LIABILITY RELEASE

Date: _____

Name: _____

Address: _____

Phones: _____

Email: _____

EMERGENCY CONTACT INFORMATION

In case of emergency, I authorize The Rescue Express to notify the contact below:

Primary Emergency Contact:

Name (Relationship) _____

Address: _____

Phone Numbers: _____

RELEASE OF LIABILITY AND WAIVER

- I acknowledge and understand that as a volunteer of The Rescue Express I am not covered by workers' compensation or any other insurance policy through The Rescue Express 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 The Rescue Express 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 it is possible that I, as well as my family and/or guests may be bitten, scratched and/or otherwise injured in my home or at The Rescue Express events. (* I understand that I may want to discuss being vaccinated against tetanus with my physician.)
- My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability The Rescue Express 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.

Signature of *The Rescue Express* Volunteer

Printed Name of *The Rescue Express* Volunteer

Date: _____