Jazzy Paw Incorporated

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability signed on \_\_\_\_\_\_\_\_\_ (date) by I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (volunteer) releases **Jazzy Paw Inc.**, a nonprofit corporation organized and existing under the laws of the State of Georgia and each of its directors, officers, employees, and agents. I desire to provide volunteer services for Jazzy Paw Inc. and engage in activities related to serving as a volunteer. I understand that the scope of my relationship with Jazzy Paw Inc. is limited to a volunteer position and that no compensation is expected in return for the services I provide. Jazzy Paw Inc. will not provide me with any benefits traditionally associated with employment and I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my services to Jazzy Paw Inc.

1. **Waiver and Release:** I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, release and forever discharge and hold harmless Jazzy Paw Inc. and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Jazzy Paw Inc. I understand and acknowledge that this release discharges Jazzy Paw Inc. from any liability or claim that I may have against Jazzy Paw Inc. with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Jazzy Paw Inc. or occurring while I am providing volunteer services.
2. **Insurance:** I understand that Jazzy Paw Inc. does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Jazzy Paw Inc. beyond what may be offered freely by Jazzy Paw Inc. in the event of injury or medical expenses incurred by me.
3. **Medical Treatment:** I hereby release and forever discharge Jazzy Paw Inc. 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 my tenure as a volunteer with Jazzy Paw Inc.
4. **Assumption of Risk:** I understand that the services I provide to Jazzy Paw Inc. may include activities that may be dangerous and/or hazardous to me. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and release Jazzy Paw Inc. from all liability.
5. **Photographic Release:** I grant and convey to Jazzy Paw Inc. all rights, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Jazzy Paw Inc. in connection with my providing volunteer services to Jazzy Paw Inc.
6. **Other:** As a volunteer, I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia and that this release shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree that in the event that any clause or provision of this release is deemed invalid, the enforceability of the remaining provisions of this release shall not be affected.

 By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian (if under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_