



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 Minor Release and Waiver Liability form.** Request this separate form if applicable.

Release and Waiver of Liability

This Release and Waiver of Liability (the “Release”) executed on this _____ day of _____, 20_____, by the volunteer 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 volunteer, (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. The volunteer hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **Waiver and Release.** Volunteer does hereby 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 volunteer’s work with TOH. The volunteer understands and acknowledges that this Release discharges TOH from any liability or claim that the volunteer may have against TOH with respect of bodily injury, personal injury, illness, death, or property damage that may result from participation on the TOH worksite or event site. 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 volunteer understands and expressly waives 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 volunteer hereby releases and forever discharges 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 volunteer’s time with TOH.
4. **Assumption of Risk.** The volunteer understands that the 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. The volunteer recognizes and understands that the time with TOH may, in some situations, involve inherently dangerous activities. The volunteer hereby expressly assumes the risk of injury or harm in these activities and releases TOH from all liability for injury, illness, death or property damage resulting from the activities of the volunteer’s time at TOH.



- 5. **Photographic Release.** The volunteer hereby grants and conveys unto TOH all right, title, and interest in all photographic images and video or audio recordings made by TOH during the volunteer’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 no 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 & Waiver, I sign here.

Signature: _____ Date: _____

Volunteer’s Personal Information (Please PRINT clearly)

Print Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Alternate Phone: _____

Email: _____@_____.com

Age: _____

Emergency Contact

Emergency Contact Name (Please PRINT clearly)	Emergency Contact Phone Number
_____	_____

Revised: 07/01/2020