Volunteer Release Form

I understand and agree that as a Coffee County Humane Society (CCHS) volunteer, I assume all risks of loss or injury, including death to myself or damage to my property while on the property of the Coffee County Humane Society, and elsewhere, while participating in the volunteer program.

I understand and agree that all services performed by me will be performed on a strictly voluntary basis, and that I will receive no remuneration, pay or compensation of any kind. I understand and agree that I will not be an employee of the Coffee County Humane Society. I understand and agree that the Coffee County Humane Society shall incur no liability of any nature as a result of my volunteering.

I understand that in handling animals and performing other volunteer tasks there is a risk of injury, including physical harm or death, and that all services performed by me will be done at my own risk. I understand the Coffee County Humane Society strongly recommends that I keep current my tetanus immunization. I further understand that the Coffee County Humane Society recommends that any dogs and cats that I live with should be up to date on immunizations recommended by their veterinarian or required by law.

It is understood and agreed that Indemnity Waiver, Release of Liability and Assumption of Risk is intended to be binding on my heirs, distributes, guardians, legal representatives or assigns.

I have read this agreement carefully and fully and understand the contents. I am aware that this is an indemnity, waiver and release of liability and a binding contract between CCHS and myself, and I sign it of my own free will.

_____ _____

Signature Date

Name - Please Print _____

_____ _____

Witness Date