



volunteer release and waiver

Date:

Name:

Phone:

RELEASE & WAIVER OF LIABILITY: I, the Volunteer, understand that I will become in contact with American Pit Bull Terriers, either by direct handling, or assisting in their care. Further, I understand that working with any animal carries a risk of injury, and that the behavior of any animal is at times unpredictable and that some animals are capable of inflicting property damage, serious personal injury, and even death. I am well aware of the risks of handling any animal, and that it is possible that I may be bitten, scratched, and/or otherwise injured. I also understand that I may be exposed to canine illness and disease, and that it is also possible that I could indirectly expose my own pets to such illness and disease.

My signature below attests to my intent to waive, release and forever discharge and hold harmless Shaw Pit Bull Rescue, Inc., a non-profit corporation organized and existing under the laws of the State of Mississippi and each of its directors, officers, agents 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 services I provide to Shaw Pit Bull Rescue, Inc. I understand and acknowledge that this Release discharges Shaw Pit Bull Rescue, Inc. from any liability or claim that I may have against Shaw Pit Bull Rescue, Inc. that may result from the services I provide to Shaw Pit Bull Rescue, Inc. or occurring while I am providing volunteer services.

VACCINATION OF OUTSIDE PETS: To protect outside pets from contracting any potential diseases, and to prevent Shaw Pit Bull Rescue, Inc. dogs from developing illnesses from outside pets, by signing below, I certify that all my personal pets are, at a minimum, current on their rabies, distemper, bordetella, and parvo vaccinations.

INSURANCE: Further, I understand that Shaw Pit Bull Rescue, 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 of any nature in the event of my injury, illness, death or damage to my property resulting from the services I provide as a volunteer or occurring while I am providing volunteer services. I expressly waive any such claim for compensation or liability on the part of Shaw Pit Bull Rescue, Inc. beyond what may be offered freely by Shaw Pit Bull Rescue, Inc. in the event of such injury or medical expenses incurred by me.

MEDICAL TREATMENT: I hereby Release and forever discharge Shaw Pit Bull Rescue, 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 Shaw Pit Bull Rescue, Inc. I understand that expenses from possible injury will be paid by me, personally, and not by Shaw Pit Bull Rescue, Inc.

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 Mississippi and that this Release shall be governed by and interpreted in accordance with the laws of the State of Mississippi. 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.

TERMINATION: I understand that by violating the Shaw PBR Code of Conduct (found in the Volunteer Handbook) I may be asked to resign my volunteer position and discontinue any future volunteer role(s).

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

VOLUNTEER

SHAW PIT BULL RESCUE REPRESENTATIVE