



Volunteer Waiver and Release Form

Volunteer name: _____

Check here if volunteer is under age 18:

Contact e-mail (required): _____

Contact phone: _____

Parent or legal guardian e-mail (if under 18): _____

Address: _____

Emergency contact _____

Name: _____

Relationship to volunteer: _____

Phone number: _____

As a volunteer at Leashes End Inc., Senior Pet Sanctuary & Rescue (hereafter known as Leashes End), I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of volunteering or participating in any and all activities associated with Leashes End.

I do hereby fully release and discharge Leashes End, its officers, agents, servants, employees, and other volunteers from any and all claims from injuries, including death, damages, or loss which may accrue to me on account of my volunteering or participating in activities with Leashes End.

I further agree to indemnify and hold harmless and defend Leashes End Inc., its officers, agents, servants, employees, and other volunteers from any and all claims resulting from injuries, including death, damages, and loss sustained by me and arising out of, connected with, or in any way associated with volunteering or participating in activities with Leashes End.

I have read and understood the foregoing, and I am 18 years of age or older. If volunteer is under 18, signature of parent or legal guardian:

Signature: _____ Date: _____

Print name: _____



Photo Release Form

During my volunteer time with Leashes End, I understand that my photo may be taken. By signing below I also hereby grant Leashes End permission to use my likeness in photograph(s) and/or video(s) in any and all of its publications or online, whether now known or hereafter existing. I will make no monetary or other claim against Leashes End for the use of the photograph(s) and/or video(s).

I have read and understood the foregoing, and I am 18 years of age or older. If volunteer is under 18, signature or parent or legal guardian:

Signature: _____ Date: _____

Print Name: _____

Or

Leashes End, I request that you please respect my privacy and do not use my likeness in photograph(s) and/or video(s) in any of your publications or online, whether now known or hereafter existing. Thank you.

Signature: _____ Date: _____

Print Name: _____