



# VOLUNTEER LIABILITY RELEASE

I hereby agree that I am providing volunteer services to RESCUE UR FOREVER FRIENDS (RUFF). I will be assisting in animal adoptions and other events. This may include, but is not limited to, assisting in supervising and/or adoptions of animals at local retail stores, outreach events, information booths, and assisting with animal care in RUFF foster homes, and transporting animals to/from events or veterinary appointments. As a volunteer for RUFF:

- I understand that because I may handle and/or come in contact with animals, it is important to discuss being vaccinated against tetanus with my physician. I release Rescue Ur Forever Friend, from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk. I have read, understand and agree to the above tetanus information.
- I acknowledge and understand that as a volunteer of Rescue Ur Forever Friend, neither I, nor my family, are covered by workers' compensation or any other insurance policy through Rescue Ur Forever Friend, for any damages or injuries sustained during volunteer activities. I understand that I am responsible for obtaining health insurance coverage through an independent health insurance company.
- I fully understand that as a part of my volunteer work for Rescue Ur Forever Friend, I will come into contact with animals either by directly handling them, fostering or through assisting in their care and adoption. Further, I understand that working with animals carries a risk of injury, and that it is possible that I may be bitten, scratched, and/or otherwise injured.
- I fully understand that as a volunteer and/or foster home for Rescue Ur Forever Friend, my family may come in contact with animals at Rescue Ur Forever Friend events, and I and my family and/or guests may come into contact with animals in my home if I am fostering an animal. I understand that working with animals carries a risk of injury, and it is possible that my family and/or guests may be bitten, scratched and/or otherwise injured.

**Signing this volunteer liability release attests to my intent to hold harmless and release from all liability Rescue Ur Forever Friend or any of its past, present or future Officers, agents, volunteers, employees or affiliates, from all acts which are related to the normal performance of required and implied volunteer duties.**

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Parent or Legal Guardian** (required if volunteer is under age 18, parent must speak to an authorized RUFF Representative prior to the initial volunteering)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Printed Name) \_\_\_\_\_  
Emergency Phone Numbers: \_\_\_\_\_