

DAWGS FIGHT BACK
www.dawgsfightback.com
Phone: (978) 641-3867

VOLUNTEER WAIVER AND LIABILITY RELEASE

First name: _____
Last name: _____
Date: _____
Birthday: _____
Address: _____
Phone: (home, work, fax, cell) _____
E-mail: _____

EMERGENCY CONTACT INFORMATION

In case of emergency, I authorize Dawgs Fight Back Inc to notify the contacts listed below:

Primary Emergency Contact:

Name / Relationship: _____
Address: _____ Phone _____
Number(s): _____

Secondary Emergency Contact:

Name / Relationship: _____
Address: _____ Phone _____
Number(s): _____

Signature _____ Date _____

**If under the age of 18 years old, legal guardian must sign.

RELEASE OF LIABILITY AND WAIVER

- 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 Dawgs Fight Back Inc., 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 Dawgs Fight Back Inc., I am not covered by workers' compensation or any other insurance policy through Dawgs Fight Back Inc for any damages or injuries I may sustain 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 Dawgs Fight Back Inc, 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 Dawgs Fight Back Inc., my family may come in contact with animals at DFB 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.

- My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability Dawgs Fight Back Inc. or any of its past, present or future Officers, agents, volunteers, employees or assigns, from all acts which are related to the normal performance of required and implied duties. My signature, whether original, by fax , by email or any other electronic means, is valid as if it were an original signature.