



Ross County Humane Society Waiver and Release of Liability

In order to be permitted to volunteer at the Ross County Humane Society, I agree to release Ross County Humane Society, it's employees, board members, agents, volunteers, and/or officers from any and all liability claims, demands, damages, judgements, and costs arising from death or personal injury to myself or damage to my property suffered or sustained by me as a direct or indirect result of my participation as volunteer, including claims for alleged negligence. I understand and acknowledge that:

1. I am responsible for reading, understanding, and complying with all safety procedures at Ross County Humane Society.
2. The activities related to volunteering at Ross County Humane Society, such as providing for and handling animals, involve a potential risk of injury and Ross County Humane Society will not be responsible for any injuries to me or my property.
3. I am responsible for obtaining vaccinations at my own cost and understand that the Ross County Humane Society animals may have diseases as ringworm, rabies, and tetanus.
4. I volunteer with the permission of Ross County Humane Society and will stop and leave the Ross County Humane Society if instructed to do so by any representative of Ross County Humane Society or any Ross County Dog Warden Official.
5. I have medical insurance to cover the cost of any illness arising from volunteering at Ross County Humane Society. I acknowledge that any medical attention that may be needed arising from any injury or damage that I may sustain during my time working in a volunteer capacity will not be reimbursed financially by Ross County Humane Society.
6. In the event of an emergency, I give Ross County Humane Society and/or Ross County Dog Warden my permission to call an ambulance and/or seek medical attention if they so feel necessary, which does not create any right or expectation for reimbursement for any such costs.
7. I am not an employee of Ross County Humane Society or Ross County Dog Warden and am not entitled to benefits of Workers' Compensation Insurance.
8. Ross County Humane Society have the right to use my name, likeness, or creative works in connection with, or arising out of, my volunteer activities.

It is understood and agreed that this Waiver and Release of Liability is binding on me and my heirs, distributees, legal representatives or assignees. I certify and represent that: (a) I have read and understood this Waiver and Release of Liability, (b) I am over the age of eighteen or have obtained the consent of my parent(s) and/or guardian(s), and (c) I am capable of signing this Volunteer Waiver and Release of Liability.

Dated: _____ Signed: _____

Printed Name: _____
(Volunteer)

Dated: _____ Signed: _____

Printed Name: _____
(Parent/Guardian of Volunteer)