



DUBLIN / LAURENS COUNTY HUMANE SOCIETY VOLUNTEER FORM

VOLUNTEER WAIVER

(Please Print)

Last Name First Name

I, _____ (Please print your name), hereby acknowledge that I have voluntarily agreed to participate in the Volunteer/Community Service Program at Dublin / Laurens County Georgia Humane Society. I am aware that this program will involve exposure to animals kept at the Dublin / Laurens County Georgia Humane Society kennels and cat wards, and hereby release the Dublin / Laurens County Georgia Humane Society from and against any and all liability arising out of or connected in any way with my participation in the program.

MHS Volunteer Signature


Date

Parent/Guardian Signature if under 18 years old

Date




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I acknowledge that I have read and fully understand the terms and conditions of the foregoing Volunteer Agreement and agree to comply with the same.

_____ I agree to release, discharge, indemnify and hold The DUBLN / LAURENS COUNTY GEORGIA HUMANE SOCIETY harmless for any and all damage to my personal property while performing my volunteer services to The DUBLN / LAURENS COUNTY GEORGIA HUMANE SOCIETY in a voluntary capacity.



_____ I recognize that in handling animals at The DUBLN / LAURENS COUNTY GEORGIA HUMANE SOCIETY clinic there exists a risk of injury including personal, physical harm. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless The DUBLN / LAURENS COUNTY GEORGIA HUMANE SOCIETY, its agents, servants and employees from any and all claims, causes of actions or demands, of any nature or cause connected with my Volunteer Agreement. This might include costs, attorney's fees and court costs incurred by The DUBLN / LAURENS COUNTY GEORGIA HUMANE SOCIETY in connection with my volunteer services based on damages or injuries which may be incurred or sustained by me in any way. Such damages or injuries might include, but are not limited to, animal bites, accidents, injuries and personal property damage.

_____ I understand that public relations is an important part of volunteering at The DUBLN / LAURENS COUNTY GEORGIA HUMANE SOCIETY. I, therefore, agree on behalf of myself, my heirs, personal representatives, and executors to allow The DUBLN / LAURENS COUNTY GEORGIA HUMANE SOCIETY to use any photographs taken of me for use in public relations efforts. The DUBLN / LAURENS COUNTY GEORGIA HUMANE SOCIETY will use reasonable efforts to notify me, but such notification is not a condition of the photograph's release for public relations purposes.

I acknowledge that I have read and fully understand the terms and conditions of the foregoing Volunteer Agreement and agree to comply with the same.

Date

Signature of Volunteer

Signature of DLCHS Representative

