

# 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 Humane Society. I am aware that this program will involve exposure to animals kept at the Dublin / Laurens County Humane Society kennels and cat wards. I hereby release the Dublin/Laurens County Humane Society from and against any and all liability arising out of or connected in any way with my participation in this program.

\_\_\_\_\_  
*Volunteer Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature if under 18 years of age*

\_\_\_\_\_  
*Date*

DUBLIN/LAURENS COUNTY HUMANE SOCIETY

## VOLUNTEER FORM

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 Dublin/Laurens County Humane Society harmless for any and all damage to my personal property while performing my volunteer services to the Dublin/ Laurens County Humane Society in a voluntary capacity.

\_\_\_\_\_ I recognize that in handling animals at the Dublin/Laurens County Humane Society clinic is a risk of injury including personal, physical harm. On behalf of my self, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless the Dublin/Laurens County Humane Society, its agents, servants and employees from any and all claims, caused of actions or demands, of any nature or cause connected with my Volunteer Agreement. This may include costs, attorney's fees and court costs incurred by the Dublin/Laurens County 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 may include, by 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 Dublin/Laurens County Humane Society. I therefore, agree on behalf of myself, my heirs, personal representatives, and executors to allow the Dublin/Laurens County Humane Society to use any photographs taken of me for use in public relations efforts. The Dublin/Laurens County 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.

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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.**

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*Date*

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*Signature of Volunteer*

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*Signature D.L.C.H.S. Rep*