

## S.A.R.G. Volunteer Waiver of Liability

I, the undersigned, wish to participate as a volunteer with the Shelter Animal Rescue Group (otherwise known as S.A.R.G), a non-profit organization. As a volunteer, I understand that there is a potential risk involved while participating in events. I understand that S.A.R.G. makes every attempt at temperament testing and choosing well socialized dogs and cats to bring into the program, however animals can be very unpredictable. I understand that S.A.R.G., board members, volunteers, foster families and affiliates are not responsible for the behavior, response, or action of any animal in any given situation. As a volunteer I will follow every safety precaution to keep myself, the animals and others safe. I understand that I handle all animals at my own risk. I also understand that I volunteer and participate in events at my own risk.

I voluntarily and knowingly sign this waiver, releasing S.A.R.G., and its board members, volunteers, foster families and affiliates of any and all liability, expense, damage, loss or cost as a result of any claim brought against S.A.R.G. whether as a result of negligence, willful action or recklessness. I will not hold S.A.R.G. liable for any emotional, physical, personal or property damage suffered while volunteering, both directly and/or indirectly. I further agree that no other person, including but not limited to a spouse, family member, friend or other volunteer/member on my behalf, will hold S.A.R.G. liable for any accident, damage, bodily injury or even death (including attorney's fees) that arises from my voluntary service for S.A.R.G.

Initial any of the following that apply:

\_\_\_\_\_ I certify that I am of at least eighteen (18) years old and sign this waiver of my own free will.

\_\_\_\_\_ I certify that I am between the ages of sixteen (16) and eighteen (18) years old, and a parent or legal guardian has read the agreement and signed below on my behalf.

\_\_\_\_\_ I certify that I have my own health insurance to cover any and all medical bills that I might incur while volunteering both directly and indirectly for S.A.R.G.

\_\_\_\_\_ I certify that I have my own automobile insurance to cover any and all medical and property damage expenses in the unlikely event of a car accident while in the service of volunteering for S.A.R.G.

\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_  
Witness Printed Name Date

If volunteer is under the age of eighteen (18), the signature of the volunteer's parent(s) or legal guardian(s) is required before participation is allowed. We cannot accept volunteers younger than the age of sixteen (16). Those between ages 16 and 18 must be closely supervised by an adult. By signing this waiver agreement, you hereby release any and all liability and/or claims against S.A.R.G., its board members, volunteers, foster families and affiliates.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

\_\_\_\_\_  
Printed Name