

UNICOI COUNTY ANIMAL SHELTER
VOLUNTEER SERVICES RELEASE

Please print

Personal Information

Name _____ Age _____
 Last First Mi

Home Phone _____ Cell Phone _____ Work _____

Address _____
 Street City Zip Code

Emergency Contact

Name _____

Relationship _____ Phone _____

Address _____
 Street City Zip Code

I recognize that there exists a risk of injury or sickness, including personal injury or harm in handling animals at the Unicoi County Animal Shelter in a voluntary capacity. I also recognize that there is a risk of transmitting contagious diseases and parasites to my personal animals.. I hereby release the Unicoi County Animal Shelter, its agents, affiliates, and employees from any and all claims, causes of action or demands, of any nature or case connected with my volunteer services. This is to include any costs and attorney's fees incurred by the Unicoi County Animal Shelter related to damages incurred or sustained by me in any way in connection with my volunteer services. Such damages or injuries might include, but are not limited to, animal bites, accidents, falls, contagious diseases, and personal property loss or damage.

I acknowledge that I have read and fully understand this release statement and agree to all.

Signature _____ Date _____

Parent or Legal Guardian (of volunteers less that 18 years of age).

As a parent or legal guardian of the above named volunteer, I hereby give my consent to allow my child/ward to perform volunteer services for the Unicoi County Animal Shelter and I understand that I am required to be on the premises at all times. I have read and fully understand this release statement and agree to all.