

# Volunteer Liability Release Form

- I \_\_\_\_\_, agree to release, discharge, indemnify, and hold harmless the Humane Society of Lincoln County (Hereinafter "HSLC") for any and all damage to my personal property while performing my services to HSLC in a voluntary capacity.
  
- \_\_\_\_\_ *Initial* – I recognize that in handling animals at HSLC while performing my services in a voluntary capacity there exists a risk of injury including personal physical harm. On behalf of myself, my heirs, personal representative and executors, I hereby release, discharge, indemnify and hold harmless HSLC its agents, employees, and Board of Directors from any and all claims, causes of action or demands, of any nature or cause connected with the Volunteer Program. This may include costs and attorney's fees and court costs incurred by HSLC in connection with my voluntary services based on damages or injuries, which may be incurred or sustained in any way. Such Damages or injuries might include but are not limited to animal bites, accidents, injuries, and personal property damage.
  
- \_\_\_\_\_ *Initial* – I understand that public relations are an important part of performing voluntary services at HSLC. I therefore agree on behalf of myself, my heirs, personal representatives, and executors to allow HSLC to use any photographs, films, DVD, or other visual representations taken of me for use in public relation efforts. HSLC will use reasonable efforts to notify me, however, such notification is not a condition of the photograph's release for public relations purposes.

	* _____ *	
	Volunteers Signature	Date
HSLC Representative    Printed	Signature	Date

**Release by Parent or Legal Guardian**

(of community service/volunteers 17 years of age and younger)

- I, \_\_\_\_\_, as a parent or legal guardian of the above-named voluntary service provider, I hereby give my consent to allow my child/ward to perform voluntary services for The Humane Society of Lincoln County.
  
- \_\_\_\_\_ *Initial* – On behalf of myself and my child/ward, I agree to all terms and conditions as set out in the release herein.

	* _____ *	
	Parent's/Guardian's Signature	Date
HSLC Representative    Printed	Signature	Date