SECOND CHANCE PETS
VOLUNTEER INFORMATION AND RELEASE FORM

I, _____, desire to volunteer for Second Chance Pets ("SCP"). I acknowledge and agree that activities performed as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that I must comply with the rules and regulations established by SCP or by any facility where I may volunteer on behalf of SCP and that failure to do so may result in my immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by me as a volunteer and recognize that in handling animals and performing other volunteer tasks, a risk of harm, injury, illness or disease exists, including physical harm, illness, or disease caused by animals, including even the most docile animals. I agree that all volunteer activities are to be performed by me at my risk and I assume full responsibility therefore.

I understand that public relations are an important part of volunteering with SCP. I consent to and authorize SCP to use any photographs taken of me for public relations.

I, ON BEHALF OF MY HEIRS, PERSONAL REPRESENTATIVE AND ASSIGNS, HEREBY ASSUME ALL RESPONSIBILITY AND RISK OF INJURY THAT MIGHT OCCUR TO MYSELF OR MY PROPERTY AND AGREE TO INDEMNIFY, HOLD HARMLESS, RELEASE, AND DEFEND SCP, ITS OFFICERS, DIRECTORS, AGENTS, SERVANTS, AND VOLUNTEERS FROM ANY CLAIMS OR SUITS FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY ME IN CONNECTION WITH MY VOLUNTEER SERVICES, WHETHER OR NOT DAMAGES OR INJURIES ARE CAUSED DIRECTLY OR INDIRECTLY BY NEGLIGENCE OF OFFICERS, DIRECTORS, AGENTS, SERVANTS OR VOLUNTEERS OF SCP.

FURTHERMORE, I, ON BEHALF OF MY HEIRS, PERSONAL REPRESENTATIVE AND ASSIGNS, HEREBY ASSUME ALL RESPONSIBILITY AND AGREE TO IDEMNIFY, HOLD HARMLESS, AND DEFEND SCP, ITS OFFICERS, DIRECTORS, AGENTS, SERVANTS AND VOLUNTEERS, FROM ANY AND ALL CLAIMS OR SUITS, FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY OTHERS BY REASON OF MY PERFORMING VOLUNTEER SERVICES.

_____ _____ _____
Volunteer Signature Printed Name Date

Contact Information for Volunteer:

Phone #_____ Alt.Phone#_____ Email:_____

Alternate Contact information in case of an emergency:

Name:_____Phone #_____Relationship:_____

FOR SCP USE ONLY:

_____ _____ _____
Signature of Volunteer Coordinator or Designee Printed Name Date