



Volunteer and/or Foster Waiver and Liability Release

Volunteer/Foster Name: _____

Street Address: _____

City, State, Zip: _____

Phone #'s: (H) _____ (Cell) _____

(Work) _____

Email Address(es): _____

EMERGENCY CONTACT INFORMATION

In case of emergency, I authorize Clancy's Dream, Inc., to notify the contacts listed below:

Primary Emergency Contact

Name _____ Relationship: _____

Street Address: _____

City, State, Zip: _____

Phone Number(s): _____

Secondary Emergency Contact

Name _____ Relationship: _____

Street Address: _____

City, State, Zip: _____

Phone Number(s): _____

RELEASE OF LIABILITY AND WAIVER

I understand that because I may handle and/or come in contact with animals, it is important to discuss being vaccinated against tetanus with my physician. I release Clancy’s Dream, Inc. from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk. I have read, understand and agree to the above tetanus information.

Initial _____

I acknowledge and understand that as a volunteer and/or foster of Clancy’s Dream, Inc., I am not covered by workers’ compensation or any other insurance policy through Clancy’s Dream, Inc. for any damages or injuries I may sustain during volunteer activities. I understand that I am responsible for obtaining health insurance coverage through an independent health insurance company.

Initial _____

I fully understand that as a part of my volunteer work for Clancy’s Dream, Inc., I will come into contact with animals either by directly handling them, fostering or through assisting in their care and adoption. Further, I understand that working with animals carries a risk of injury, and that it is possible that I may be bitten, scratched, and/or otherwise injured.

Initial _____

I fully understand that as a volunteer and/or foster home for Clancy’s Dream, Inc., my family may come in contact with animals at Clancy’s Dream, Inc. events, and I and my family and/or guests may come into contact with animals in my home if I am fostering an animal. I understand that working with animals carries a risk of injury, and it is possible that my family and/or guests may be bitten, scratched and/or otherwise injured.

Initial _____

My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability Clancy’s Dream, Inc. or any of its past, present or future Officers, agents, volunteers, employees or assigns, from all acts which are related to the normal performance of required and implied duties. My signature, whether original, by fax or any other electronic means, is valid as if it were an original signature.

Signature of Volunteer

Date

Witnessed by Clancy’s Dream Inc. Representative

Date