

Paws 4 Liberty

Volunteer Release Form

Name: _____ DOB: _____ Age _____

Street Address: _____

City, State, Zip: _____

Phones:

Cell: _____ Home: _____ Work: _____

Emergency Contact Information:

Contact person(s) name: _____

Relationship: _____ Phone: _____

Alternate contact: _____

Relationship: _____ Phone: _____

LIABILITY RELEASE

I, _____ (Volunteer's name) would like to participate in the Paws 4 Liberty volunteer program. I acknowledge the risks and potential for injury during the performance of my duties as a volunteer. I hereby waive and release forever all claims for injury and/or damage against Paws 4 Liberty, its Board of Directors, Trainers, Therapists, Aides, Volunteers, and/or Employees.

Date: _____ Signature: _____
(Volunteer, Parent or Guardian)

PHOTO AND AUDIO/VISUAL MATERIALS RELEASE

I hereby consent to and authorize the use and reproduction by Paws 4 Liberty of any and all photographs and any other audio/visual materials taken of me/my son /my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of Paws 4 Liberty.

Date: _____ Signature: _____
(Volunteer, Parent or Guardian)