



# 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