

VOLUNTEER WAIVER FORM



South Coast Humane Society

PO Box 7833

828 Railroad Avenue Brookings Oregon 97415

(541) 412-0325

Southcoasthumane@gmail.com

Waiver of Liability and Assumption of Risk

I UNDERSTAND THAT AS A VOLUNTEER OF South Coast Humane Society (SCHS), in addition to various activities, I will also be working with and/or around animals with unknown and unpredictable characters and dispositions. I understand I will be subjecting myself to various working conditions and activities, and I hereby assume the risk of any injury that may result from any of my volunteer services to SCHS. I, intending to be legally bound for myself, my heirs, executors, and administrators, hereby fully and forever waive, discharge, and release, SCHS, its agents, employees, officers and directors, from any and all rights and claims for damages I may have arising out of any injuries or illnesses suffered by me incident to any and all of my voluntary services and activities. I am also stating that I, the undersigned have read this release and understand all of its terms, and I execute it voluntarily and with full knowledge of its significance.

Volunteer Activity: Shelter worker Dogs_____ Cats_____ Open Hours Greeter _____

Foster Home (see separate agreement for Fosters) _____

Name_____

Address_____ Phone _____

Email_____

Emergency Contact_____

Signature_____ Date _____

Volunteer Signature Consent / Waiver Minor

(If you are under the age of 18, you must have parental consent to volunteer) To be completed by your parent/guardian I give permission for my son/daughter, to participate in the volunteer program at the South Coast Humane Society. I release and hold harmless SCHS and any of its officers, directors, employees, affiliates, agents, volunteers, representatives, successors and assigns from responsibility or liability arising out of my child's participation. I understand there are certain risks inherent in dealing with animals. I certify that my child is covered under my health insurance policy should injury take place while volunteering or participating and I will be responsible for his/her medical bills. I understand that my son/daughter will be expected to abide by the rules and regulations, general guidelines, and responsibilities of the program.

Minor Name/Age_____

Parent/Guardian's Name _____ Phone # _____

VOLUNTEER HOURS MON-SAT 1230-430

January 2024