



VOLUNTEER WAIVER AND RELEASE OF LIABILITY

I, _____, this _____ day of _____, 20____, fully and forever waive, discharge, release, hold harmless, indemnify and defend, The Rescue Inn (“TRI”), City of Olmsted Township, State of Ohio, and their respective staff, employees, volunteers, agents, officers, board members, trustees, successors and assigns, together with their insurance carriers (collectively “TRI”), from and against any and all actions, liability, claims, demands, causes of actions, lawsuits, expenses or damages of every kind whatsoever, which I may have now or in the future against TRI, for any and all personal injuries, property damage, injuries or illnesses to other pets and other damages, known and unknown, which arise from my participation of my volunteer activities with TRI.

I understand that as a volunteer of TRI, I may be exposed to certain risks, including but not limited to injuries, illnesses, property damage, or any other kind of harm, related to the care, handling and proximity to animals. By my signature below, I voluntarily agree to assume and/or incur all risks of loss, impairment, damage or injury of whatever kind, including death, that may be sustained or suffered in connection with my service and/or participation as a volunteer of TRI, whether or not due to, in whole or in part, the acts, omissions, negligence or other fault of TRI. I understand that as a volunteer of TRI, I am not covered by Workers’ Compensation or any other insurance policy of TRI for any damages or injuries I may sustain through my service and participation as a volunteer.

I am aware that as a volunteer of TRI, I am acting as a representative of the organization, and I agree to act responsibly at all times by maintaining a professional demeanor and protecting the organization’s rescued animals by abiding by TRI’s policies and procedures, the directives of TRI’s staff and by practicing common sense and responsible animal handling techniques.

I, the undersigned, have read this waiver and release and understand all of its terms, and I execute it voluntarily and with full knowledge of its significance.

In Witness Whereof:

Witness Signature

Volunteer Signature

Print Witness:

Print Volunteer:

Address

City, State, Zip

Telephone

Email Address (print)