



133 E. Higgins Rd
Gilberts, IL 60136
(847) 836-7387
www.hoofwoofmeow.org

VOLUNTEER WAIVER AND LIABILITY RELEASE

Date: _____
Birth Date: _____
First name: _____
Last name: _____
Address: _____
Phone: (home, work, fax, cell) _____
e-mail: _____

EMERGENCY CONTACT INFORMATION

In case of emergency, I authorize Hoof Woof and Meow Animal Rescue, Inc., to notify the contacts listed below:

Primary Emergency Contact:

Name / Relationship: _____

Address: _____

Phone Number(s): _____

Secondary Emergency Contact:

Name / Relationship: _____

Address: _____

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 Hoof Woof and Meow Animal Rescue, 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.
- I acknowledge and understand that as a volunteer of Hoof Woof and Meow Animal Rescue, Inc., I am not covered by workers' compensation or any other insurance policy through Hoof Woof and Meow Animal Rescue, 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.
- I fully understand that as a part of my volunteer work for Hoof Woof and Meow Animal Rescue, 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.

- I fully understand that as a volunteer and/or foster home for Hoof Woof and Meow Animal Rescue, Inc., my family may come in contact with animals at Hoof Woof and Meow Animal Rescue, 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.

- My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability Hoof Woof and Meow Animal Rescue, Inc. and Four Legs Pets, 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

Signature of Parent or Guardian if under the age of 18
(must be signed in the presence of a HWMAR representative in order to be accepted)

Date

Witnessed By (HWMAR Representative)

Date