

## **VOLUNTEER LIABILITY RELEASE & WAIVER**

I,	, understand that my
participation with Hope's Cl	hest Inc. is strictly on a volunteer basis. I
understand that there are ir	nherent risks associated with my volunteer
activities, including the risk	of personal injury resulting from animal bites and
other animal behavior.	
In exchange for Hope's Ches	st Inc.'s agreement to allow me to participate in its
volunteer program, I hereby	y release both Hope Animal Hospital and Hope's
Chest Inc., including all of the	neir officers, board of directors, and employees,
from any and all claims of lia	ability of any kind whatsoever including, but not
limited to, claims of negliger	nce and/or injury to me arising out of my
• •	st Inc.'s Volunteer Program. I fully understand tha
by signing below, I am waivi	ing any and all claims.
Volunteer Signature:	
Date:	
Minor Consent (any child ur	nder 18 years of age):
I,	, give consent for
	<del>.</del>
Signature of Parent/Guardia	an:
Date:	