

VOLUNTEER WAIVER AND RELEASE AGREEMENT
Kaufman County Animals Awareness Project

I am an unpaid volunteer. I understand that the Kaufman County Animal Awareness Project is a charitable organization that does not have workers compensation insurance coverage or any other kind of insurance coverage that would pay for medical care, damages or loss of earnings on anyone performing work for the organization who is injured while performing that work. I understand that I am not obligated to do any work and that even if I am asked to do something; I am still not obligated to do what is asked. I will choose what I do and how I do it. I agree that I am responsible for my own self and the way I do things. I acknowledge that the act of volunteering to work with and around animals involves a danger of injury that could be even fatal. I accept these risks and do fully and completely release, discharge and agree to hold harmless and indemnify the Kaufman County Animal Awareness Project, its members, volunteers and officers for damages and claims for damages and injuries I may suffer while performing volunteer work that are caused by unintentional act, omissions, and breaches of duty owed to me, arising out of my work and contributions to this organization. I understand that this organization is largely maintained by unpaid volunteers and that I am free to contribute my time and funds to the organization or to walk away at any time. I do agree to report any dangers I encounter or observe but this agreement does not create a duty to do so in me or in any other volunteer who signs a copy of this document. I understand that I will not be able to physically work with the organization unless I sign this agreement and that if I sign this agreement that organization will rely on my agreement to the terms stated herein. I understand that I can choose not to sign this document and support the organization in other ways, but after reading this agreement in full, I choose to sign.

Signature _____ Date _____

Printed Name _____

Address _____

Phone _____

Witness _____ Date _____