



Salina Animal Shelter

~ Volunteer Release Form ~

Please read the following, and sign and date below.

I hereby agree to accept a position as a volunteer worker for the Salina Animal Shelter ("the Shelter"), and in doing so, I agree to comply with all of the rules and regulations which may be established from time to time by the Shelter, and I understand that failure to do so may result in my immediate termination as a volunteer.

I acknowledge that my services (to include, but not limited to walking dogs, shampooing dogs, socializing cats, cleaning cat cages, fostering dogs in my home until adoption or transfer to another facility) are provided strictly on a volunteer basis, without any pay of any kind and without liability of any nature on behalf of the Shelter. All services will be performed at my own risk.

I recognize that in handling animals and performing other volunteer tasks there exists a risk of injury, exposure to diseases (i.e. ringworm, giardia, rabies, etc.) and physical harm caused by the animals. I am aware that some or all of these animals may not have had their rabies shots.

On behalf of myself, my heirs, personal representatives and executors, I hereby forever release, indemnify and hold harmless the Shelter, its agents, servants and employees, the Salina-Saline County Health Department, City of Salina and Saline County from all claims, causes of action, or demands, of any nature or cause, including costs and attorney's fee incurred by the Shelter in connection with the same, based on damages or injuries which may be incurred or sustained by me (or my household members in the event I am fostering dogs) in any way connected with my services for the Shelter, including but not limited to animal bites, accidents, or injuries.

I understand that I must be 18 years of age or older in order to participate as a volunteer.

I acknowledge I have read and accept these conditions.

Volunteer Name (print): _____

Signature: _____

Date: _____