

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the “release”) executed on _____, 20__ by _____ (“Volunteer”) releases Helping Hands Humane Society, Inc. and Helping Hands Humane Society Foundation, Inc. (collectively, “HHHS”), both non-profit corporations organized and existing under the laws of the State of Kansas and each of its directors, officers, employees, agents, and other volunteers.

The Volunteer desires to provide volunteer services for HHHS and engage in activities related to serving as a volunteer. Volunteer understands that the scope of Volunteer’s relationship with HHHS is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that HHHS will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to HHHS.

1. **Acknowledgement of Risk:** I acknowledge that animal rescue operations entail known and unanticipated risks which could result in physical or emotional injury, paralysis, death to myself and other persons, and also to property damage. Risks include, but not limited to, the following; bites, scratches, torn skin, bruises, illness or disease and the possibility of transmitting such disease or illness to third parties or other animals, and damaged clothing or other property. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. **Waiver and Release:** I, the Volunteer, release and forever discharge and hold harmless HHHS and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to HHHS. I understand and acknowledge that this Release discharges HHHS from any liability or claim that I may have against HHHS with respect to bodily injury, personal injury, illness, death or property damage that may result from the services I provide to HHHS or occurring while I am providing volunteer services. Furthermore, I hereby indemnify and hold HHHS harmless for any attorney’s fees or costs to enforce this Release.
3. **Insurance:** Further I understand that HHHS does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of HHHS beyond what may be offered freely by HHHS in the event of such injury or medical expenses incurred by me.
4. **Medical Treatment:** I hereby Release and forever discharge HHHS from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or

other medical services rendered in connection with an emergency during my tenure as a volunteer with HHHS.

5. **Photographic Release:** I grant and convey to HHHS all right, title and interests in any and all photographs, images, video or audio recordings of me or my children or my likeness or voice made by HHHS in connection with my providing volunteer services to HHHS for the purposes of promoting HHHS services, events, or other promotional materials.

6. **Other:** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Kansas and that this Release shall be governed by and interpreted in accordance with the laws of the State of Kansas. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of the Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Name of volunteer _____

Signature _____

If Volunteer is under the age of 18, a parent or guardian must sign the release on their behalf.

Name of parent or guardian _____

Signature _____

We also require you to provide an Emergency Contact:

Emergency Contact Name _____

Emergency Contact Phone Number _____

Your Relationship to Emergency Contact _____