



## WARF Volunteer Agreement

Volunteer Name \_\_\_\_\_

Volunteer Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

By submitting this form, I attest that the information I have provided on the form is true and accurate.

I give my consent to Wylie Animal Rescue Foundation to use any photographs taken of me while volunteering on premises or at an event.

I understand that the handling of animals and other Volunteer activities on behalf of WARF may place me in a hazardous situation and could result in injury to myself or my personal property. On behalf of myself and my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless Wylie Animal Rescue Foundation and its directors, officers, employees, agents, and animals from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my volunteer activities on behalf of WARF.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please save this application to your computer, then send it as an attachment to: [donna@tahoewarf.org](mailto:donna@tahoewarf.org).**