



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.

I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY WARF'S WORKERS' COMPENSATION PROGRAM. I UNDERSTAND AND AGREE THAT I AM NOT AN WYLIE ANIMAL RESCUE FOUNDATION EMPLOYEE PURSUANT TO NEVADA REVISED STATUTES CHAPTER 616A.

I authorize WARF to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.

Printed Name _____ Date _____

Signature _____