

**VOLUNTEER RELEASE AND WAIVER OF LIABILITY**  
**Please Read Carefully**  
**This is a Legal Document That Affects Your Legal Rights!**

In consideration of the opportunity to engage in volunteer work for Lawrence County Humane Society (LCHS), I hereby freely, voluntarily and without duress execute this Release and agree with the following. Please initial each item.

\_\_\_\_\_ **1. Release and Waiver.** I, for myself, my heirs and my assigns, hereby release, forever discharge and hold harmless LCHS from any and all liability claims and demands of whatever kind or nature, whether in law of in equity, which may arise from my volunteer activities with LCHS. I understand that this Release discharges LCHS from any liability or claim that I may have against LCHS with respect to any bodily injury, personal injury, illness, death or property damage that may result from my volunteer activities with LCHS, whether caused by negligence of LCHS or otherwise.

\_\_\_\_\_ **2. Assumption of Risk.** I understand that my volunteer activities with LCHS include work that may be hazardous to me and/or place me at risk of physical injury, including but not limited to caring for, feeding, handling and transporting dogs, cats and small mammals. I hereby expressly and specifically assume the risk of injury or harm inherent in such volunteer activities and release LCHS from all liability for injury, illness, death or property damage resulting from such activities.

\_\_\_\_\_ **3. Photographic Release.** I agree that LCHS may photograph or videotape my volunteer activities for LCHS, and hereby release any such photographs or videotapes for use in its programs and publications.

\_\_\_\_\_ **4. Other.** I agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania, and that this Release shall be governed by such laws. I agree that in the event that any part of this Release is held to be invalid by any court of competent jurisdiction, the invalidity of such part shall not otherwise affect the remaining parts of this Release which shall continue to be enforceable.

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Volunteer Signature

Date

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Signature of Parent or Legal Guardian, if Volunteer is under 18 years old

Emergency Contact \_\_\_\_\_

Name

Relationship

Phone/Cell