



Animal Rescue Foundation of Southeastern Pennsylvania, Inc.

1167 West Baltimore Pike #222, Media, PA 19063

Phone: (610)994-4300 Fax: (610)994-4334

A non-profit organization dedicated to the welfare of companion animals in southeastern Pennsylvania

VOLUNTEER WAIVER AND LIABILITY RELEASE

Date:

Birth Date:

First name:

Last name:

Address:

Phone: (home, work, fax, cell)

e-mail:

EMERGENCY CONTACT INFORMATION

In case of emergency, I authorize *Animal Rescue Foundation of Southeastern Pennsylvania, Inc.*, to notify the contacts listed below:

Primary Emergency Contact:

Name / Relationship:

Address:

Phone Number(s):

Secondary Emergency Contact:

Name / Relationship:

Address:

Phone Number(s):



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RELEASE OF LIABILITY AND WAIVER

- I understand that because I may handle and/or come in contact with animals, it is important to discuss being vaccinated against tetanus with my physician. I release the *Animal Rescue Foundation of Southeastern Pennsylvania, Inc.*, from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk. I have read, understand and agree to the above tetanus information.
- I acknowledge and understand that as a volunteer of the *Animal Rescue Foundation of Southeastern Pennsylvania, Inc.*, I am not covered by workers' compensation or any other insurance policy through the *Animal Rescue Foundation of Southeastern Pennsylvania, Inc.* for any damages or injuries I may sustain during volunteer activities. I understand that I am responsible for obtaining health insurance coverage through an independent health insurance company.
- I fully understand that as a part of my volunteer work for *Animal Rescue Foundation of Southeastern Pennsylvania, Inc.*, I will come into contact with animals either by directly handling them, fostering or through assisting in their care and adoption. Further, I understand that working with animals carries a risk of injury, and that it is possible that I may be bitten, scratched, and/or otherwise injured.
- I fully understand that as a volunteer and/or foster home for *Animal Rescue Foundation of Southeastern Pennsylvania, Inc.*, my family may come in contact with animals at *Animal Rescue Foundation of Southeastern Pennsylvania, Inc.* events, and I and my family and/or guests may come into contact with animals in my home if I am fostering an animal. I understand that working with animals carries a risk of injury, and it is possible that my family and/or guests may be bitten, scratched and/or otherwise injured.
- My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability *Animal Rescue Foundation of Southeastern Pennsylvania, Inc.* or any of its past, present or future Officers, agents, volunteers, employees or assigns, from all acts which are related to the normal performance of required and implied duties. My signature, whether original, by fax or any other electronic means, is valid as if it were an original signature.

Signature of ARF SEPA Volunteer

Date

Printed Name of ARF SEPA Volunteer

DATE RECEIVED BY ARF SEPA SECRETARY: (DATE AND INITIALS) _____

**Please return original copy to Animal Rescue Foundation of Southeastern Pennsylvania, Inc.
Please keep one copy for your personal records.**