



4 PAWS Spay & Neuter Clinic

"Reducing pet overpopulation, one spay & neuter at a time"

Volunteer Release Form

I hereby agree that if I am accepted as a volunteer for 4PAWS Spay & Neuter Clinic, I agree to comply with all the rules and regulations which may be established from time to time by 4PAWS Spay & Neuter Clinic. I understand that failure to comply with the rules and regulations may result in my immediate termination as a volunteer.

I understand and agree that if accepted as a volunteer, all services performed by me will be performed on a strictly volunteer basis and that I will receive no remuneration, pay or compensation of any kind, that I will not be an employee for 4PAWS Spay & Neuter Clinic nor otherwise derive any benefits normally available to the employees, and that 4PAWS Spay & Neuter Clinic shall incur no liability of any nature as a result of my volunteering for 4PAWS Spay & Neuter Clinic.

I acknowledge that in handling animals and performing other volunteer tasks, there is a risk of injury including physical harm or death, and that all services performed by me will be done at my own risk. Therefore, on behalf of myself, my heirs, and personal representatives, I hereby release discharge, indemnify and hold harmless the 4PAWS Spay & Neuter Clinic and its assigns, successors, agents, staff, officers, board of directors, employees, contractors, contributions, and representatives from any and all claims, cause of action, or demands of any nature of cause whatsoever, including costs and attorney fees, arising out of or relating to my volunteering with the 4PAWS Spay & Neuter Clinic, including but not limited to, animal bites, accidents, or injuries.

I understand that public relations are an important part of volunteering with 4PAWS Spay & Neuter Clinic. On behalf of myself, my heirs, and personal representatives, if accepted as a volunteer, I give the clinic permission to use and publish photographs taken of me as a volunteer for use in its public relations efforts.

Printed Name: _____

Date: _____

Signature: _____

Witnessed By: _____

Date: _____

Witness Signature: _____

Legal guardian signature required if you are under the age of 18 _____

Date: _____

4PAWS Spay & Neuter Clinic (336) 843-1001
1120-A Piedmont Drive, Lexington NC 27295



www.4PawsClinic.org

