**SNARR**

*Special needs animal rescue & rehabilitation*

*Robin menard*

Po box 313

Saint Martinsville, 70582

[robin@snarr4u.com](mailto:robin@snarr4u.com)

(337) 255-7882

**SNARR VOLUNTEER**

**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**

**SNARR**

***Special needs animal rescue & rehabilitation***

**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**

**SNARR**

***Special needs animal rescue & rehabilitation,***

**I am not covered by workers’ compensation or any other insurance policy 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***

**SNARR**

***Special needs animal rescue & rehabilitation***

**I will come into contact with animals 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**

**SNARR**

***Special needs animal rescue & rehabilitation***

**my family may come in contact with animals at 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**

**SNARR**

***Special needs animal rescue & rehabilitation***

**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 SNARR Volunteer Date***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Printed Name of SNARR Volunteer***