

SNARR
SPECIAL NEEDS ANIMAL RESCUE & REHABILITATION
ROBIN MENARD
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(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

BECAUSE I AM THEIR VOICE
SNARRANIMALRESCUE.ORG

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