



VOLUNTEER WAIVER AND CONTACT FORM

Contact Information

Full Name (first and last): _____

Address/City/Zip: _____

Phone(s): _____ or _____

Email: _____

Emergency Contact Information

Full Name (first and last): _____

Address: _____

Phone(s): _____ or _____

Waiver

I, _____, hereby agree to be a volunteer for Off the Chain USA. I agree to comply with all of the policies, rules, and regulations which may be established from time to time by Off the Chain USA and I understand that the failure to do so may result in my immediate removal as a volunteer. I acknowledge that my services are provided strictly on a volunteer basis, without promise of compensation of any kind. I recognize that in handling animals and performing other volunteer tasks, there exists a risk of injury including physical harm caused by the animals, the equipment, and the substances being used. Upon my acceptance as a volunteer I acknowledge that I assume full responsibility for my safety. I understand that I serve at my own risk and I agree not to hold Off the Chain USA, its officers, employees, agents, etc. responsible for any and all claims which may arise from injury or damage to my property which might occur from my volunteer services in favor of myself, my heirs, representatives, or dependents. In the event I require medical care on an emergency basis, I authorize Off the Chain USA, its officers, employees, agents, etc. or other volunteers to seek such care on my behalf and at my expense.

Signature of Volunteer

Date

Signature of parent or legal guardian (for minors under 18)

Date