

DAVIESS COUNTY ANIMAL SHELTER

2620 Hwy 81 Owensboro, KY 42301

Phone 270-685-8275 Fax 270-685-6137

VOLUNTEER WAIVER & RELEASE FORM

Daviess County Fiscal Court "County" is committed to conducting its programs, services, and activities in a safe manner and holds the safety of its volunteers in high regard. However, volunteers and parents/guardians of minor volunteers must recognize that there is an inherent risk of injury when choosing to volunteer in performing and/or otherwise assisting the County in providing County Services ("Volunteer Activities").

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled to perform the Volunteer Activities. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury or impairment, to consult a physician before performing any Volunteer Activities that involve physical activity.

WARNING OF RISK

The Volunteer Activities often challenge and engage the physical, mental and/or emotional resources of each volunteer, despite careful and proper preparation, instruction, medical advice, conditioning and equipment; there is still a risk of serious injury when acting as a volunteer for County. All hazards and dangers cannot be foreseen. Certain risks, dangers and injuries may exist due to slips and falls, poor skill level or conditioning, carelessness, horseplay, premises defects, inadequate or defective equipment, inadequate supervision, instruction and other risks inherent to the Volunteer Activities. In this regard, it is impossible for the County to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in acting as a County Volunteer, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of volunteering in any and all Volunteer Activities and/or County Services (including transportation services and vehicle operations, when provided).

I recognize and acknowledge that there are certain risks of physical injury to volunteers providing and/or engaging in Volunteer Activities and/or County Services, and I voluntarily agree to assume the full risk of any and all injuries, death, damages, or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said Volunteer Activities and/or County Services. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of the Volunteer Activities, and/or County Services, against the County, or any of its affiliated organizations, or any of their respective officials, officers, employees, agents, and/or other volunteers collectively or individually.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims, if registering on line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

VOLUNTEER'S NAME: (PLEASE PRINT): _____ Date: _____

Participant's Signature: _____ Relationship to Minor _____
(Participant must be 18 years or older OR Parent/Guardian signature is required.)

Participant's Address: _____ Drivers Lic # _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Emergency Contact & Phone: _____