Assumption of Risk and Waiver of Liability

For Volunteers

The staff of the Lee County Animal Shelter welcomes you to our facility and thanks you for your volunteer services. However, we must be clear that this is a disaster relief operation and that certain dangers exist that you should be aware of before assisting with this operation.

Risks of entering this facility include being bitten by an animal, scratched by an animal, falling, and other obvious and not so obvious dangers. Many animals have been traumatized, some are sick, all are unpredictable, and may either bite or injure you or cause you to fall or hurt yourself. Please be careful with dehydration, overheating, lifting heavy objects, and unauthorized personnel.

By entering these premises, and or by signing up as a volunteer, owner, veterinarian or other, you agree that if you are injured for any reason while assisting with this operation, you shall be solely responsible for your own injuries, medical expenses or any other losses of any kind whatsoever. If you do not have your own health insurance, you are not allowed to participate in this operation.

If you are not willing to agree to the full assumption of risk for any and all injuries, please do not enter this facility, or participate in any way in disaster relief operations associated with this facility.

I understand that my participation is strictly voluntary and I freely chose to participate. I voluntarily agree to assume all risks of injury and or death and waive any and all claims that I may have of any kind whatsoever against Lee County, the Lee County Animal Shelter and all agents, employees, and officers thereof as well as any other entity, organization or individual who is assisting with the disaster relief operation at the Lee County Animal Shelter.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Date