

# VOLUNTEER RELEASE

---

SAUNDERS COUNTY LOST PETS | 226 W 5th Street Wahoo, NE | WWW.SCLPRESCUE.COM

Thank you for volunteering with Saunders County Lost Pets (SCLP). In order to protect our organization and our rescued animals, we ask that you sign this waiver.

Although every attempt will be made to ensure your safety, animals (particularly rescued animals) are by their nature unpredictable in behavior. Accordingly you, as a volunteer, agree to the following conditions:

1. I, \_\_\_\_\_ hereby agree to hold Saunders County Lost Pets (SCLP), it's officers, directors, employees, and other volunteers forever harmless for any injury whatsoever that I may suffer as a result of my volunteer activities with SCLP. This includes, but is not limited to: dog bites, scratches, communicable illnesses or pests contracted from any animal.
2. I also agree to hold Saunders County Lost Pets (SCLP), it's officers, directors, employees, and other volunteers forever harmless for any and all personal injuries sustained on the premises of 226 W 5th Steet Wahoo, NE regardless of cause or negligence on the part of SCLP, it's officers or the owner of the above named property as well as any place outside the above named property while volunteering for SCLP.
3. I am aware that as a volunteer of Saunders County Lost Pets I am acting as a representative of the organization and agree to act responsibly at all times by maintaining a professional demeanor and protecting the organization's rescued animals from any harm by practicing common sense while they are in my possession.
4. I agree that any animal rescued by Saunders County Lost Pets (SCLP) is owned solely by and is the property of SCLP, and as a volunteer of this organization, I will not withhold, sell, or give away any animal entrusted to me by the organization.
5. I will not rescue any animal as a stray or a shelter in the name of Saunders County Lost Pets without prior authorization from a director, officer, or employee of the organization.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT | GUARDIAN IF UNDER 18 \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_