



Southern R.O.O.T.S. Rescue, Inc.

VOLUNTEER WAIVER

SOUTHERN ROOTS RESCUE IS DEDICATED TO SAVING THE LIVES OF SHELTER DOGS AT RISK OF EUTHANASIA, BUT WE ARE ALSO DEDICATED TO ENSURING THAT EACH VOLUNTEER UNDERSTANDS THE PARAMETERS AND RISKS ASSOCIATED WITH SOME VOLUNTEER JOBS. PLEASE INITIAL EACH PARAGRAPH BELOW TO INDICATE YOUR AGREEMENT TO COMPLY.

_____ I will report any accident or injury immediately to Southern ROOTS Rescue Inc. to either the Director in charge of my activity, or if that person's number is unknown to me, to the President, Kim Badeaux (865)-335-8809. I will follow up within 24 HOURS with a written report which will be sent to kim.southernrootsrescue@gmail.com.

_____ I understand that I will not be compensated monetarily for the work I do with Southern ROOTS Rescue Inc.

_____ If transporting a dog and I have chosen to bring along family members or friends who have not completed a volunteer waiver, I understand that I am solely responsible for their actions and any injury or harm that may arise. Southern ROOTS Rescue Inc. shall be held harmless.

_____ I understand that because I may handle animals, it is important to discuss being vaccinated against tetanus with my physician.

_____ I understand that the behavior of domestic animals is sometimes unpredictable and that some domestic animals are capable of inflicting serious injury or death, as well as extensive property damage. Knowing the risks of handling domestic animals, I agree to assume those risks and to release, indemnify and hold harmless, Southern ROOTS Rescue Inc., its Officers, Directors, and volunteers for any and all personal injury and property damages resulting from my volunteer work with Southern ROOTS Rescue Inc.

I have read, understand and agree to the above.

Volunteer Name:

_____ (Print Clearly)

Street Address:

City: _____ State _____ ZIP: _____

Telephone: _____

Signature: _____ Date: _____