



318 N. Route 31
Crystal Lake, IL 60012

(815) 900-8221

purrfectcatrescue.com

INTRODUCTION

Purrfect Cat Rescue, Inc. ("PCR") is fortunate to have Volunteers to promote the mission and vision of the Company. In order to ensure all Volunteers are aware of their risks in performing tasks required of Volunteers, we request that all Volunteers complete, review and sign this Volunteer Waiver and Release. Thank you for your Volunteer efforts.

VOLUNTEER WAIVER AND RELEASE

Date: _____

Date of Birth: _____

Name: _____

Address: _____

Phone: (Day) _____ (Work) _____ (Cell) _____

Email: _____

EMERGENCY CONTACT INFORMATION

In case of emergency, I authorize Purrfect Cat Rescue, Inc., to notify the contacts listed below:

Primary Emergency Contact

Name: _____ Relationship: _____

Address: _____

Phone: (Day) _____ (Work) _____ (Cell) _____

Secondary Emergency Contact

Name: _____ Relationship: _____

Address: _____

Phone: (Day) _____ (Work) _____ (Cell) _____

RELEASE OF LIABILITY AND WAIVER

- (1). I understand that because I may handle and / or come in contact with animals, it is important to discuss being vaccinated against tetanus with my physician and / or keeping my tetanus vaccination status current. I release PCR from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make concerning the status of my tetanus vaccinations is at my own risk. I have read, understand and agree to the above tetanus information.
- (2). I acknowledge and understand that as a Volunteer of PCR, I am not covered by workers' compensation or any other insurance policy through PCR for any damages or injuries I may sustain during volunteer activities. I understand that I am responsible for obtaining health insurance coverage through an independent health insurance company.
- (3). I fully understand that as a part of my volunteer work for PCR, I will come into contact with animals either by directly handling them, fostering, or through assisting in their care and adoption. Further, I understand that working with animals carries a risk of injury, and that it is possible that I may be bitten, scratched and / or otherwise injured while performing volunteer activities.
- (4). I fully understand that as a Volunteer and / or foster home for PCR, my family may come into contact with animals at PCR events, and I and my family and / or guests may come into contact with animals in my home if I am fostering an animal. I understand that working with animals carries a risk of injury, and it is possible that my family and / or guests may be bitten, scratched and / or otherwise injured.
- (5). My signature to this Volunteer Waiver and Release attests to my intent to hold harmless and release from all liability, PCR or any of its past, present or future shareholders, officers, agents, volunteers, employees or assigns, from any and all causes of actions or claims, of whatever kind of nature, arising out of being at or working at the PCR premises, representing PCR at any offsite function on behalf of PCR, for whatever cause, manner or purpose including but not limited to the care, handling, feeding, bathing or caring for the animals of PCR. My signature, whether original, by fax or any other electronic means, is valid as if it were an original signature.
- (6). Volunteer hereby acknowledges that he / she is at least 18 years of age. If Volunteer is under the age of 18, the signature of the parent or guardian of the Volunteer shall be set forth below and such signature shall bind the Volunteer and his / her parent or guardian to this Waiver and Release. Volunteer hereby acknowledges that the signature of their parent or guardian is the true and actual signature thereof and the Volunteer understands the terms of this Waiver and signs it of his / her free will that Volunteer intends to be bound by the terms and conditions set forth in this Waiver and Release.

Signature (Volunteer)

Printed Name (Volunteer)

Date

Signature (Parent or Guardian)

(*if under the age of 18)

Printed Name (Parent or Guardian)

Date

Signature (Witness / PCR Representative)

Printed Name (Witness / PCR Representative)

Date

