



Medical Release & Release of Liability for Volunteers

I have been advised by Animals for Life, Inc. (hereafter referred to as AFL) that rabies is a serious and potentially life threatening disease that can be carried by animals. I have further been advised by AFL that the potential is there that animals under the care of AFL could be carriers of rabies and other zoonotic diseases. I acknowledge that AFL advises me that I should be vaccinated for rabies and tetanus if I am handling animals. However, if I have any questions pertaining to rabies, tetanus or any other zoonotic diseases, I should contact my personal physician for a detailed, knowledgeable explanation of these diseases. I understand that new medical information about Rabies and other zoonotic diseases may become available and understand AFL is not in a position to answer my questions as they pertain to medical advice or care.

I understand that AFL is not always in a position to know, and makes no representation, that all animals under their care are free of rabies or any other zoonotic disease. I understand that I am not legally entitled to rely upon the accuracy of any statements or representations which are made to me by any representative of AFL that may be contrary to the provisions of this agreement.

In the event that any animal that I handle does have rabies or any other zoonotic disease, I understand that I cannot hold Animals for Life, Inc. or any of its employees, agents, servants or members responsible. I further understand that I am not entitled to any compensation of medical or other fees associated with contracting rabies or any other zoonotic disease.

I understand and have been made aware that all animals are unpredictable and there is an inherent risk in handling any animal. By signing this agreement, I understand that I am agreeing to indemnify and hold harmless Animals for Life, Inc., its employees, agents, servants or members from any claims for injuries or property damage in any way related to interaction with the animals under the care of AFL and from any and all liability for personal injury resulting in my participation as an AFL volunteer.

Date: _____

Volunteer Signature: _____

Printed Name of Volunteer: _____

Signature of Parent/Legal Guardian (Volunteers Under 18 Yrs.): _____

Printed Name of Parent or Legal Guardian : _____

Witness Signature: _____

Printed Name of Witness: _____

Address of Volunteer (include town/zip code) : _____

Home Phone: Work/Cell Phone: _____

Driver's License # (include state): _____

Emergency Contact: Phone Number : _____

Relationship to Volunteer: _____