



DogtownSA Rehabilitation Centre

Volunteer Waiver

- Volunteer
- Behaviour Student
- Community Service

Volunteer Details

Name _____ Last Name _____
ID number _____ Contact number _____
E-mail address _____

I understand that I will be handling animals while providing my volunteer services for BarkingMad/ DogtownSA and their participating rescue partners and therefore there exists a risk for personal injury. On behalf of myself, my heirs, personal representatives, and executor, I release, discharge, indemnify and hold harmless BarkingMad/DogtownSA in Hennops its agents, servants and employees from any and all claims, causes of action or demands of any nature or cause connected with my volunteer contract. This could include any costs, attorney's fees and court costs incurred by BarkingMad/DogtownSA in Hennops in connection with my volunteer services based on damages or injuries which I may incur in any way while volunteering. Such damages are not limited to but may include animal bites, accidents, injuries and personal property damage.

I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS OF THIS VOLUNTEER AGREEMENT AND I WILLINGLY COMPLY WITH ALL OF ITS CONDITIONS.

Signature _____ Date _____

Volunteers 16 years old and younger PARENT OR LEGAL GUARDIAN RELEASE

As the parent or legal guardian of the above mentioned volunteer, I give my full consent, allowing my child or ward to volunteer his/her services to BarkingMad/DogtownSA in Hennops and its agents as described in the above volunteer contract. I have read and fully understand the terms and conditions in this volunteer contract. On behalf of myself and my child or ward, I agree to all the terms and conditions outlined in this volunteer contract.

Signature _____ Date _____

PARENT/GUARDIAN