Hawkinsville/Pulaski County Animal Control
Hawkinsville, GA 31036
(478) 892-3240 Phone
(478) 783-1699 Fax

Volunteer Waiver and Liability Release

Volunteer Name:_____ Date:_____

Volunteer Phone:_____

Volunteer Address:_____

_____ _____ _____
City State Zip

Emergency Contact Information:

In case of emergency, I authorize Hawkinsville/Pulaski County Animal Control to notify one or both of the contacts listed below:

Primary Emergency Contact Name:_____

Relationship:_____

Address:_____

Phone Number(s):_____

Secondary Emergency Contact Name:_____

Relationship:_____

Address:_____

Phone Number(s):_____

***If under the age of 18, a legal guardian must sign.**

Volunteer Waiver and Liability Release

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. I release Hawkinsville/Pulaski County Animal Control from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make 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 Hawkinsville/Pulaski County Animal Control I am not covered by workers' compensation or any other insurance policy through Hawkinsville/Pulaski County Animal Control 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 Hawkinsville/Pulaski County Animal Control I will come into contact with animals and I understand that by working with animals it carries a risk of injury, and that it is possible that I may be bitten, scratched, and/or otherwise injured.
4. My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability Hawkinsville/Pulaski County Animal Control or any of its past, present or future Officers, agents, volunteers, employees or assigns, from all acts which are related to the normal performance of required and implied duties. My signature, whether original, by fax or any other electronic means, is valid as if it were an original signature.

_____	_____	_____
Printed Name of Volunteer	Signature	Date
_____	_____	_____
City or County Employee Name	Signature	Date