



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

Volunteer Waiver and Liability Release

Volunteer First Name: _____ Last 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

First Name: _____ **Last Name:** _____
 Relationship: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone Number: _____ Mobile Phone Number: _____

Secondary Emergency Contact

First Name: _____ **Last Name:** _____
 Relationship: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone Number: _____ Mobile Phone Number: _____

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

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.

Volunteer Name _____ Signature _____ Date _____

City or County Employee Name _____ Signature _____ Date _____