

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability executed on (date) _____ by (name of volunteer) _____ releases Ridgetowne Animal Clinic, P.A. and its Employees.

The volunteer desires to provide volunteer services or shadowing hours at Ridgetowne Animal Clinic (RAC). Volunteer understands that no compensation is expected in return for services. The Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer services.

1. Waiver and Release. I understand and acknowledge that this release discharges RAC from any liability or claim that I may have against RAC with respect to bodily injury, personal injury, illness, death or property damage that may result from services provided or occur while providing services.
2. Insurance. I understand that RAC does not assume any responsibility for obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature.
3. Medical Treatment. I hereby release and forever discharge RAC from any claim which may arise on account of any first aid treatment or medical services rendered.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature: _____ Date: _____

If under 18, a parent or guardian must sign below.

Parent/Guardian: _____ Date: _____