VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM

SOUTHERN FRIENDS ANIMAL SOCIETY

This Release and Waiver of Liability (the "release") executed on this date of _____, 20____.

By: _____ hereby releases the following Persons and Entities
(Name of Volunteer)

Persons and Entities Released: Southern Friends Animal Society and all Departments, including but not limited to Southern Friends Animal Society, also known as "Southern Friends", all Committee personnel and all affiliated Sponsors (the participating entities), and all others, jointly, severally, and individually. The Volunteer desires to provide volunteer services and engage in activities related to serving as a volunteer for Southern Friends Animal Society to be operated by Southern Friends Animal Society and its' affiliates.

The above named volunteer hereby agrees as follows:
(Please initial)

____ ***1. WAIVER AND RELEASE***: I, the Volunteer, release and forever discharge and hold harmless the above listed entities from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide. I understand and acknowledge that this Release discharges from any liability or claim that I may have with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I am providing for Southern Friends Animal Society or any Southern Friends Animal Society Event.

____ ***2. INSURANCE***: Further I understand that none of the above participating entities assumes any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death, or damage to my property. I expressly waive any such claim for compensation or liability on the part of the participating entities.

_____***3 MEDICAL TREATMENT:*** I hereby Release and forever discharge the participating entities from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Southern Friends Animal Society.

_____***4. ASSUMPTION OF RISKS:*** I understand that the services I provide to Southern Friends Animal Society or any Southern Friends Animal Society may include activities that may be hazardous to me including, but not limited to involving inherently dangerous activities. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and Release ALL participating entities from all liability for injury, illness, death, or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services for Southern Friends Animal Society or any Southern Friends Animal Society Event.

_____***5. PHOTOGRAPHIC RELEASE:*** I grant and convey to the event organizers all right, title, and interests in any and all photographs, videos, audio in connection with my providing volunteer services for Southern Friends Animal Society or any Southern Friends Animal Society Event.

_____***6. OTHER:*** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Mississippi and that this Release shall be governed by and interpreted in accordance with the laws of the State of Mississippi. I agree that in the event that any clause of provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

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

_____ _____ _____ _____ (_____)_____
SIGNATURE *AGE* *DATE* *EMAIL (PLEASE PRINT)* *PHONE (WITH AREA CODE)*

EMERGENCY CONTACT & PHONE _____ (_____)_____
NAME (PLEASE PRINT) PHONE (WITH AREA CODE)

If volunteer is under the age of 18, a parent or guardian must read and sign this Release/Waiver of Liability form.

Parent or Guardian: _____ _____
SIGNATURE *DATE*