**FRIENDS OF STRAYS GROUP VOLUNTEER RELEASE**

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_

Personal Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you like to be added to Friends of Strays Email list? Circle one: Y N

Emergency Contact Information:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Volunteering Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE READ and SIGN VOLUNTEER RELEASE**

\*I hereby agree to accept a position as a volunteer for Friends of Strays, Inc. (FOS), and in so doing; I agree to comply with all the policies, rules, and regulations, which may be established. I understand failure to do so may result in my termination as a volunteer.

\*I acknowledge my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without any liability of any nature on behalf of FOS, all services to be performed by me at my own risk.

\*I am aware that in handling animals there exists a risk of injury including personal physical harm. I hereby release, discharge, indemnify and hold harmless FOS, its agents, representatives and employees from any and all claims, causes of actions or demands, of any nature or cause connected with my Volunteer Agreement.

 \*I agree on behalf of my heirs, personal representatives, and executors, to allow FOS to use any photographs taken for use in public relations efforts. I may be notified if a photo is used, but more than likely I will not. I hereby grant the following media release rights and permission to use all photos and/or videos taken of myself and/or family. FOS has the right and permission to take, use, reuse, publish, and republish photographic portraits or pictures of me.

Signature: Date: