

**VOLUNTEER RELEASE FORM
FOR ADULTS (18 years old or older)**

I, _____, agree to act as a volunteer for Columbus County Animal Services (the "Shelter"). I acknowledge and agree that activities performed by me as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits, including without limitation, worker's compensation benefits. I agree to comply with the rules and regulations established from time to time by the Shelter and understand my failure to do so may result in my immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by me as a volunteer and recognize that in handling animals and performing other volunteer tasks, a risk of harm, injury, illness or disease exists, including physical harm, illness or disease caused by animals. I agree that all volunteer activities are to be performed by me at my risk and I assume full responsibility therefore.

I understand that public relations are an important part of volunteering at the Shelter. I consent and authorize the Shelter to use any photographs taken of me for public relations purposes.

On behalf of myself, my heirs and personal representative, I agree not to hold or attempt to hold the Columbus County Animal Control Shelter, their officers, County Commissioners or employees responsible for any injury or damage sustained or incurred by me arising out of or in any way connected with my activities as a volunteer for the Shelter. I thereby release and discharge the Shelter and County of Columbus, their officers, County Commissioners and employees from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by me.

Signature of Volunteer Date

(Printed Name of Volunteer)

Signature of Volunteer Coordinator or Designee Date

Printed Name of Volunteer Coordinator or Designee