

DOMINIFARM ANIMAL SANCTUARY INC

D.A.S. Volunteer release form/waiver of liability

I, _____, agree to volunteer my services, without compensation, to assist DOMINIFARM ANIMAL SANCTUARY, INC. (D.A.S.) in the transport, raising, rehabilitation and care of the animals in their possession. I understand and accept the fact that the transport, raising, rehabilitation and care of animals of any age, size or species could have some potential risk. I agree that I shall save and hold harmless DOMINIFARM ANIMAL SANCTUARY, INC. (D.A.S.) principles, agents, employees, board members and officers from any and all damages, injuries, negligence or willful wrongdoing which I may suffer directly or indirectly as a result of my participation in this organization and waive any and all claims which I might otherwise have now or in the future.

Name (please print)

Address _____ City _____ Zip _____

Signature _____ Date _____

Phone _____ Email _____

D.A.S. MINOR RELEASE FORM/WAIVER OF LIABILITY

I, _____ am authorized and hereby give my permission for my child/ward _____ to offer his/her services without compensation, and accompanied by an Adult/Parent/Guardian to assist DOMINIFARM ANIMAL SANCTUARY, INC. (D.A.S.) anytime between _____ and _____

My minor child/ward is under 18 years of age. I understand and accept the fact that the transport, raising, rehabilitation and care of animals of any age, size or species could have some potential risk to my child/ward. I agree that I shall save and hold harmless DOMINIFARM ANIMAL SANCTUARY, INC. (D.A.S.) principles, agents, employees, board members and officers from any and all damages, injuries, negligence or willful wrongdoing which my child/ward may suffer directly or indirectly as a result of his /her participation in this organization and waive any and all claims which my child/ward and/or I might otherwise have now or in the future.

Name of the Child/Ward (please print)

Child/Ward's signature _____ Date _____

Date of Birth _____ Age _____

Name of Adult/Parent/Guardian _____ Date _____

Signature of Adult/Parent/Guardian _____ Date _____

Address _____ City _____ Zip _____

Phone _____ Email _____

*If you have a compromised immune system, you are volunteering at your own risk.

