

Apollo Support & Rescue Inc.
Volunteer Release Waiver of Liability

The Release and Waiver of Liability executed on (Date) _____
by (volunteer) _____ releases **Apollo Support & Rescue Inc., (ASR)**
a nonprofit corporation organized and existing under the laws of the State of Texas and each of its directors,
officers, and agents. The volunteer desires to provide volunteer services for ASR and engage in activities
related to serving as a volunteer by performing the following
duties; _____

_____.

Volunteer understand that the scope of volunteer’s relationship with **ASR** is limited to a volunteer position
and that no compensation is expected in return for services provided by Volunteer, that **ASR** will not provide
any benefits traditionally associated with employment to Volunteer; and that the Volunteer is responsible for
his/her own insurance coverage in the event of personal injury or illness as result of Volunteer’s services to
ASR.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless **ASR** and its
successors and assigns from any and all liability, claims, and demands of whatever kind of nature,
either in law or in equity, which arise or may hereafter arise from the services I provide to **ASR**. I
understand and acknowledge that this Release discharges **ASR** from any liability or claims that I
may have against **ASR** with respect to bodily injury, personal injury, illness, death, or property
damage that may result from the services I provide to **ASR** or occurring while I am providing
volunteer services.
2. Insurance: Further I understand that **ASR** does not assume 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 such injury or medical expenses
incurred by me.
3. Medical Treatment: I hereby release and forever discharge **ASR** from any claim whatsoever which
arise or may hereafter arise on account of any first-aid treatment or other medical services
rendered in connection with any emergency during my tenure as a volunteer with **ASR**.
4. Assumption of Risk: I understand that the services I provide to **ASR** may include activities that may
be hazardous to me including but not limited any dog/cat related activities such as walking, petting,
and cleaning up after the pets. Also bending and lifting of dog/cat kennels and ASR’s supplies
and/or equipment. I hereby expressly assume the risk of injury or harm from these activities and
Release **ASR** 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.
5. Photographic Release: I grant and convey to **ASR** all the right, title, and interests in any and all
photographs, images, video, or audio recordings of me or my likeness or voice made by **ASR** in
connections with my providing services to **ASR**.

6. Dress Code & Professionalism: As a Volunteer with **ASR** you are a representative of the organization and personal cleanliness and good grooming are essential. Your personal appearance and dress should be neat and professional at all times. **ASR** T-shirts /hoodie are encouraged. Your conduct should also be professional and foul language and rowdiness will not be tolerated. Good customer service is expected if you are talking to potential adopters.

7. 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 Texas and that this Release shall be governed by and interpreted in accordance with the laws of the State of Texas. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this release shall not be affected.

Emergency Information

Please notify the following individual(s) immediately in the event of a medical emergency.

Name _____ Relationship _____

Street Address _____

City, _____ State, _____ Zip _____

Phone Number (day) _____ (evening) _____

Any special medical conditions or medications that emergency personnel should be aware of:

Dated this _____ day of _____ (month) _____ (year)

Signature of Participant _____ Date of Birth _____

If under the age of 18 you must have a parent or legal guardian sign this waiver before you may participate in any activities at or for Apollo Support & Rescue Inc.

Signature of Parent or Legal Guardian _____ Date of Birth _____

Printed Name: _____ Contact number _____