



P.O. Box 962302  
El Paso, Texas 79996  
915-309-6244

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LAW N' PAWS VOLUNTEER WAIVER AND LIABILITY RELEASE

Date: \_\_\_\_\_  
First name: \_\_\_\_\_  
Last name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
Driver's License or ID number: \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (home, work, fax, cell) \_\_\_\_\_  
e-mail: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In case of emergency, I authorize Law N' Paws, to notify the contacts listed below:

Primary Emergency Contact:

Name / Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

Secondary Emergency Contact:

Name / Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_

**RELEASE OF LIABILITY AND WAIVER**

• I understand that because I may handle and/or come in contact with animals, it is important to discuss being vaccinated against tetanus with my physician. I release Law N' Paws, from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk. I have read, understand and agree to the above tetanus information.

• I acknowledge and understand that as a volunteer of Law N' Paws, I am not covered by workers' compensation or any other insurance policy through Law N' Paws for any damages or injuries I may sustain during volunteer activities. I understand that I am responsible for obtaining health insurance coverage through an independent health insurance company.

- I fully understand that as a part of my volunteer work for Law N’ Paws, I will come into contact with animals either by directly handling them, fostering or through assisting in their care and adoption. Further, I understand that working with animals carries a risk of injury, and that it is possible that I may be bitten, scratched, and/or otherwise injured.

- I fully understand that as a volunteer and/or foster home for Law N’ Paws, my family may come in contact with animals at Law N’ Paws events, and I and my family and/or guests may come into contact with animals in my home if I am fostering an animal. I understand that working with animals carries a risk of injury, and it is possible that my family and/or guests may be bitten, scratched and/or otherwise injured.

- My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability Law N’ Paws or any of its past, present or future Officers, agents, volunteers, employees or assigns, from all acts which are related to the normal performance of required and implied duties whether performed at the shelter or outside of the shelter.

My signature, whether original, by fax or any other electronic means, is valid as if it were an original signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*If under 18 years of age\*\*\*\*

