

LOUISVILLE WEIMARANER RESCUE, INC.
www.louisvilleweimrescue.com

WAIVER AGREEMENT

This WAIVER AGREEMENT, made and entered into by and between Louisville Weimaraner Rescue, Inc. herein after collectively referred to as LWRI and

NAME

FULL ADDRESS, CITY, STATE, ZIP CODE

herein referred to as "Volunteer",

WITNESSETH:

The parties to this Agreement do hereby mutually recognize that LWRI does not provide Workman's Compensation, nor any other type of liability insurance to those persons. Accordingly, volunteers and/or unpaid employees are not covered by LWRI for any insurance.

By signing this Waiver Agreement, the Volunteer does hereby knowingly release and hold harmless LWRI from any injury, accident or damage sustained by the Volunteer while serving in such capacity.

This agreement shall be on a continual basis unless both parties hereto agree otherwise in writing.

Volunteer's Signature
(If a child, please write name)

Volunteer's Home Phone

Parent or Guardian Signature (for child)

Volunteer's Email Address

I, _____ (parent of child) hereby agree that this release shall constitute a bar to recovery to any and all claims including those that may be brought on behalf of any minor on whose behalf I have signed on this form.

In case of an emergency, please notify:

Name

Phone Number

WITNESS the signature of the volunteer this _____ day of _____, 201____.

By: _____
Signature of Witness

NOTICE: All volunteers are encouraged to inform their personal insurance carriers of their activities and duties with LWRI.

PLEASE NOTE: ALL FAMILY MEMBERS MUST COMPLETE THIS FORM, EVEN CHILDREN. PLEASE COPY IF NEEDED. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT: DENISE KING, 812-256-3967, rescue@louisvilleweimrescue.com

LWR Representative Signature: _____ Date: _____