



**No Kill Glynn County, Inc. Foster & Volunteer Waiver**

- I agree to conduct myself in a courteous and professional manner as a foster and/or volunteer and as a representative of No Kill Glynn County, Inc.
- I agree to abide by all the No Kill Glynn County, Inc. policies and procedures.
- I understand that it is my responsibility to handle all animals with respect and care and to ensure I always utilize all proper handling tools available.
- I hereby allow No Kill Glynn County, Inc. to use any photographs taken of me on property or at a special event for public relation purposes.
- I agree that my services are provided on a volunteer basis without pay or compensation of any kind and all services are to be performed at my own risk.
- I understand that in handling animals and performing other foster and/or volunteer tasks there does exist a risk of injury, infection, disease and/or risk of physical harm or death caused by the animals.

I hereby agree that I am providing foster and/or volunteer services to No Kill Glynn County, Inc. This may also include assisting at off-site events through No Kill Glynn County, Inc. I understand that neither No Kill Glynn County, Inc. nor any other businesses related to this offsite activity, is responsible for any illness nor injury caused by any animals that I come into contact with during my foster and/or volunteer work. I agree to hold harmless and release from liability No Kill Glynn County, Inc. should I become sick, injured, disabled from any animals or activities as a result of my foster and/or volunteer work.

I agree that on behalf of myself, my heirs, personal representatives and executors, I release, discharge, indemnify, and hold harmless No Kill Glynn County, Inc., its agents, employees, directors and board of directors from any and all claims, causes of action, or demands of any nature of cause, including costs and attorney(s) fees incurred by No Kill Glynn County, Inc. in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services for No Kill Glynn County, Inc. including but not limited to animal bites, accidents, injuries, property damage and veterinary fees.

My signature below represents my recognition, understanding, and acceptance of the duties and responsibilities in this waiver.

\_\_\_\_\_  
Foster and/or Volunteer Print Name

\_\_\_\_\_  
Foster and/or Volunteer Signature

\_\_\_\_\_  
Date

Witnessed by,  
  
\_\_\_\_\_  
NKGCC Board Member

\_\_\_\_\_  
Date