LIABILITY WAIVER/DISCLAIMER

Printed Name and Signature of LOAR Board Member If under 18 – Parent/Guardian of minor child volunteer	Date Date	
Printed Name and Signature of Volunteer	Date	
The consent/release of liability/notice form is valid until specing to LOAR.	-	written
I further state that I have my own health insurance and am furthat I may encounter while volunteering for LOAR in any capa		mergency
Therefore I,, do agree to a myself or to my property and agree to release, indemnify, def it's staff, employees, and agents of and from any liability, cla actions, and causes of action (collectively, the "claims") in reto myself or my personal property, howsoever caused, arising volunteering at LOAR.	end and forever discharge L ims, demands, costs, expen espect to death, injury, loss o	OAR and ses, or damage
I acknowledge it has been explained to me that any animal hamail, disfigure, and even fatally injure a person. Animal bites	•	, scratch,
I,, understand that I am asking to be allowed to Foster and/or volunteer my time with the animal rescue known as Little Orphan's Animal Rescue, Inc (LOAR). I understand that I will be working with unfamiliar, abused, neglected, and/or scared animals that are strangers to me and I to them. I fully understand that there are many risks involved in handling these animals.		