

Volunteer Liability Waiver

Event Name: Paws for Purpose | Walk for Therapy Dogs

Event Date: [Insert Date]

Event Location: [Insert Location]

Release and Waiver of Liability Agreement

This Release and Waiver of Liability (the "Waiver") is executed by the undersigned (the "Volunteer") in favor of Canine Concierge Corporation, its directors, officers, employees, agents, and affiliated entities (collectively referred to as the "Organization").

By signing this Waiver, I acknowledge, understand, and agree to the following:

1. Voluntary Participation

I am voluntarily participating in the Paws for Purpose event as a volunteer. I understand that my participation may involve physical activity, interaction with animals, and other activities that may pose certain risks, including but not limited to bodily injury, illness, and property damage.

2. Assumption of Risk

I understand and acknowledge the inherent risks associated with volunteering for this event. I assume full responsibility for any risks, injuries, or damages that may occur as a result of my participation.

3. Release of Liability

I, on behalf of myself, my heirs, executors, administrators, and assigns, release, discharge, and hold harmless the Organization from any and all liability, claims, demands, or causes of action that may arise out of or relate to my participation in the event, including injuries, damages, or losses caused by negligence.

4. Indemnification

I agree to indemnify and hold harmless the Organization from any claims, damages,

losses, or expenses, including attorney's fees, arising out of my actions or participation in the event.

5. Medical Treatment

I authorize the Organization to provide or seek medical treatment on my behalf if I am injured or require medical attention during the event. I agree to be responsible for any costs associated with such treatment.

6. Photography and Media Release

I grant the Organization permission to use photographs, videos, or other media of me taken during the event for promotional, educational, or fundraising purposes.

7. Compliance with Rules

I agree to comply with all event rules, safety guidelines, and instructions provided by the Organization or its representatives.

Acknowledgment and Signature

By signing this Waiver, I certify that I have read and fully understand its terms. I sign this Waiver voluntarily and without any inducement.

Volunteer Name:	
Signature:	
Date:	
Emergency Contact Name:	
Emergency Contact Phone Number:	_
For Minors (Under 18 Years of Age) If the Volunteer is under 18 years of age, this Waiver	
must be signed by a parent or legal guardian. Parent/Guardian Name:	_
Parent/Guardian Signature:	
Date:	