



## VOLUNTEER RELEASE OF LIABILITY

- In the event of an emergency, injury or illness, I hereby give Beesley Animal Foundation permission to seek emergency medical treatment for myself.
- I agree to abide by policies and procedures presented to me at orientation or any training.
- Should a media representative visit the clinic or other Beesley event, I will refer them to the Executive Director for any questions and/or comments. I hereby also give permission for any images captured during my volunteer work and/or Beesley events through video, photo and digital camera, to be used solely for the purpose of **Beesley Animal Foundation's** promotional material and publications, and waive any rights of compensation or ownership thereto.

**By signing below, I indicate my understanding that I am not an employee of the Beesley Animal Foundation or the Beesley Animal Clinic and should I become injured while acting as an unpaid member of the volunteer staff, I am not covered by the Tennessee State Workers' Compensation Law.**

**Emergency Contact:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

In consideration of being allowed to participate in a volunteer program by Beesley Animal Foundation, I assume all the risks associated with this work. I waive all claims for damages against Beesley Animal Foundation, its officers, agents, and employees for injury to my person or property that may arise from this activity, and I release Beesley Animal Foundation officers, agents, and employees from any such liability. **This agreement shall remain in force until revoked in writing.**

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Parent/Guardian Signature (Participant under 18 yrs)**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**Parent/Guardian Photo/Video Release:** I hereby give permission for images of my child, captured during volunteer work and/or any Beesley events through video, photo and digital camera, to be used solely for the purposes of **Beesley Animal Foundation's** promotional material and publications, and waive any rights of compensation or ownership thereto.

I understand that I am responsible for the child/minor who is in my care while volunteering with Beesley Animal Foundation or Beesley Animal Clinic and we assume all risks to said child associated with this work. I waive all claims for damages against Beesley Animal Foundation and Beesley Animal Clinic, its officers, agents and employees for injury to my child or their property that may arise from their activity, and I release Beesley Animal Foundation officers, agents and employees from any such liability.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_