



# Heart of America Humane Society

HEART OF AMERICA HUMANE SOCIETY

P.O. BOX 12703 – SHAWNEE MISSION – KS – 66282

VOICE MAIL: 800-384-3143 WEBSITE: [heartofamericahs.org](http://heartofamericahs.org)

EMAIL: [questions@heartofamericahs.org](mailto:questions@heartofamericahs.org)

## VOLUNTEER WAIVER OF LIABILITY

I understand that it is Heart of America Humane Society (herein referred to as HAHS) policy that all volunteers must attend and complete the requirements of a training session before volunteering. I further understand that it is my responsibility to know, understand, and follow HAHS Volunteer Standards while representing HAHS.

I am over the age of 18 at the time I begin volunteering with HAHS and do not need a guardian present at the events.

I understand that there are certain risks involved in attending HAHS events including, but not limited to, animal bites, animal scratches, possibility of exposure to certain transmissible diseases.

I understand that while it is never the intention of HAHS to expose an aggressive or ill animal to anyone, some of these animals are from unknown origins and the predictability of their behavior is not guaranteed.

I understand that knowing and following HAHS volunteer standards is my responsibility. If I am ever in doubt, I will seek the guidance of the program leader or the volunteer coordinator.

I understand that if I DO NOT follow the HAHS volunteer standards that I may be asked to leave a HAHS event and refrain from attending any future events.

I understand that by signing this Waiver of Liability, I am forfeiting my right to hold HAHS liable for any events or injuries that may occur as a result of my volunteer work for HAHS. Should any events or injuries occur, including but not limited to the above referenced events, I agree to hold HAHS harmless from any and all claims, actions, causes of action, or suits at law or in equity, which may hereafter be asserted by me, or any person in a representative capacity on my behalf, as a result of my volunteer work for HAHS.

Please print name: \_\_\_\_\_

Please sign name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Trainer's Signature: \_\_\_\_\_