



# Bibb County Sheriff's Office

## ANIMAL SERVICES

4214 Fulton Mill Rd., Macon, Georgia 31216 | (478) 621-6791

### **VOLUNTEER ACTIVITY LIABILITY WAIVER**

LAST NAME \_\_\_\_\_

The Undersigned \_\_\_\_\_ (print name), does hereby acknowledge and assumes the risk of participation in any and all activities at Bibb County Sheriff's Office Animal Services (Animal Services), and all locations where Animal Services events take place. He/she does hereby acknowledge that he/she will release Animal Services, its officers, staff members, volunteers, or any other agent affiliated from all claims which may hereafter develop or accrue to them on account of injury, loss or damage, which may be suffered by volunteer or to any property, because of any matter, thing or condition, negligence or default whatsoever, and they hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence of default, or any person or persons whatsoever. This shall be true for any minor volunteer as evidenced by the signing of a parent or legal guardian signing on their behalf.

It is further agreed and understood that he/she shall maintain in full force and effect, a policy of insurance covering medical treatment and all related costs in the event of an injury to him/her as a result of his/her participation in any and all activities at Animal Services as aforesaid. He/she also agrees that if he/she does not maintain in full force and effect a policy of insurance, he/she is solely liable for medical treatment and all related costs in the event of an injury to him/her because of his/her participation in any and all activities involving Animal Services as aforesaid.

The person executing this release acknowledges that there is a valid consideration to executing this release.

The invalidity of any statement or waiver of rights above under local, state, or federal law does not invalidate any other statement or waiver of rights above.

### **Emergency Information**

Please notify the following individual(s) immediately in the event of a medical emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Any special medical conditions or medications that emergency personnel should be aware of:

\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

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

Date of Birth \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

I, \_\_\_\_\_ (printed name of Parent or Legal Guardian), agree to accompany or have another adult accompany the minor child at all times while they are involved in any activity on the premises, and acknowledge that I am fully and totally responsible for the above child at all times while he/she is participating in any activity at Animal Services.

Signature of Parent or Legal Guardian \_\_\_\_\_

\_\_\_\_\_

Form received by Animal Services Staff member:

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

- \_\_\_\_\_ Attached of Driver's license
- \_\_\_\_\_ Attached copy of minor's birth certificate
- \_\_\_\_\_ Attached copy of legal guardianship (if applicable)