



Caring Hands Animal Support & Education
Volunteer Medical Release Form

Name					DOB	
Address					Phone #	
City	State		Zip Code		Email	

Emergency Contact

Name					Relationship	
Address						
City	State		Zip Code		Phone #	

Insurance

Primary Insurance Co.		Primary Group/Policy #	
Physician Name		Physician Phone	

Please elaborate on any medical conditions of which we should be aware:

Any medication currently being taken:

Any allergies (food, medication, insects):

If None, please write None.

I agree to comply with the mission and policies of Caring Hands Animal Support & Education (Chase) and to follow the guidelines and direction established by the provided manual and verbal instruction from the Clinic Supervisor.

This event may be audio, video and photographically recorded. By attending this event, you are giving your permission to be recorded and photographed.

Since cats coming through the clinic may have been exposed to the rabies virus and are likely to bite defensively, Chase's clinic procedures forbid the handling of ANY conscious cat. As rabies can be transmitted by bites, scratches, and saliva, rabies immunization is required for all personnel who have animal contact and recommended for all volunteers. Vaccinated individuals should have a blood test every two years to determine if a booster vaccination is needed. In addition, all volunteers must wear gloves at all times.

I fully understand and acknowledge that; (a) risks and dangers exist during Trap-Neuter-Return initiatives and my participation in all activities within; (b) my participation in such activities and/or use of equipment may result in my injury or illness included but not limited to bodily injury, disease strains, fractures, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) the risks and dangers may be caused by negligence of the owners, employees, or volunteers; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether cause in whole or in part by the negligence or other conduct of the owners, employees, volunteers, or by any other person. I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Chase and it's owners, employees and volunteers from any and all claims, actions, losses for bodily injury, property damage, wrongful death, or otherwise which may arise out of my use of medical and trapping equipment or my participations in Trap-Neuter-Return activities. I specifically understand that I am releasing, discharging and waiving claims or actions that may have presently or in the future for the neglected acts or other conduct by the owners, employee or volunteers of Chase. If, during the course of this initiative, I should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

I have read the above waiver and release and by signing I agree it is my intention to exempt and relieve Chase from liability for personal injury, property damage or wrongful death caused by negligence or any other cause.

Volunteer Signature		Date	
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Parent/Guardian Signature		Date	
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