



Volunteer Application

Name | _____

Email | Phone _____

Address | _____

Emergency Contact Name | Number _____

Do you have any physical or medical limitation which would limit the type of volunteer activities you can do, i.e., pregnancy, back problems, etc.? _____

Tell us what activities would be most interesting to you: _____

Liability Waiver

I hereby submit my application to participate as a volunteer of Paws and Paw Paws, LLC (PPPD) and agree to be governed by the rules and regulations as set forth by PPPD.

As a volunteer/participant of PPPD I recognize and acknowledge that there are physical and other risks associated with acting as a volunteer/participant of PPPD which could include (but are not limited to) exposure to, contact with or injury from dogs. Some specific risks can include bites, scratches, torn skin, bruises, and damaged clothing or other property. I voluntarily agree to assume any and all risks that I sustain or may sustain as a result of volunteering/participating in any activities connected or associated with PPPD, and hereby voluntarily waive any and all claims, damages or causes of action that I may have at any time against PPPD or its respective officers, directors, and invitees in connection with my volunteering and participating with PPPD.

I hereby voluntarily indemnify, hold harmless, defend, discharge, and release PPPD and its respective officers, directors, agents, and invitees (collectively "Indemnified Parties") from any and all claims, demands, causes of action, losses, damages, or liability of any kind for any injury, harm, damages, or loss, including death, that any of the Indemnified Parties sustains or may sustain arising directly or indirectly out of my actions, inactions or negligence as a volunteer/participant with PPPD, including actions related to my use or operation of equipment or facilities provided by or associated with PPPD.

Signed | _____ Date | _____

Print Name | _____