RELEASE OF LIABILITY

I, _____, for valuable and sufficient volunteer by the Henry and Trimble Counties, Kentucky, for myself, my heirs, executors, and administrators, hereby remise, release, and forever discharge the Henry and Trimble Counties, Kentucky, of and from any and all manner of action or actions, cause or causes of actions, suits, liability for personal injury or death or damages incidental thereto, including, but not limited to, medical bills, life earnings, pain and suffering, claims and demands whatsoever, in law or equity, which against the Henry and Trimble Counties or its employees, agents or representatives I have had, now have, or which I may have on account of my taking and participating in volunteering given by the Henry Trimble Animal Services, and anything incidental thereto, or which my heirs, executors, or administrators hereafter can, shall or may have, for or by reason of any manner, cause, or thing whatsoever, from this date forward. Furthermore, I realize the potential danger and hazard in the aforementioned volunteering, and anything incidental thereto, and therefore I hereby assume all risks and dangers to both my health and life, regardless of the nature or method of creation of such risks and dangers, and hereby bind my heirs, executors, administrators, and assigns to said assumption. It is my intent in agreeing to the above provisions that neither the Henry and Trimble Counties nor any of its employees, agents, or representatives be held liable or be required to expend any money for any reason whatsoever in regard to my participation, involvement, or connection with the volunteering or anything incidental thereto.

Volunteer Signature _____ Date _____
Wittness 1_____Date_____
Witness 2_____Date_____

EMERGENCY MEDICAL INFORMATION

Emergency contact name: _____
Emergency contact phone#: _____
Emergency medical information: _____
Do you have any emergency medication: yes no
If so, what _____
Comments/Major medical concerns:

_____
_____
_____
_____

Volunteer Signature: _____ Date:_____