



OR

VOLUNTEER?

ANIMAL SHELTER VOLUNTEER PROGRAM RELEASE

DATE OF ORIENTATION: _____ COMMUNTIY SERVICE

Participant's First and Last Name (PRINT):	
For and in consideration of the use of the City of Richardson Animal Shelter Facilities of my participation in the City of Richardson Animal Shelter Volunteer Program and any instruction of training provided therein, the undersigned participant, parent or legal guardian for and on behalf of themselves and the above named participant, their heirs, executors, and assigns (collectively referred to as the "Undersigned") do hereby release, indemnify and hold harmless the City of Richardson, Texas it's officers, agents, employees, third party representatives and invitees (collectively referred to as the "Richardson") from any and all claims, damages, causes of action of any kind whatsoever, statutory or otherwise, personal injury including death, property damage and lawsuits and judgments, including court costs, expenses and attorney fees, and all other expenses resulting that the Undersigned has, or might have, known, or unknown, now existing or that might arise hereafter, directly or indirectly, from the Undersigned's participation in the City of Richardson Animal Shelter Volunteer Program, including but not limited to planning, organization and instruction by any Animal Shelter personnel, and other activities associated with Animal Shelter operations, including any error, omission, carelessness, negligent or intentional act by the Undersigned in connection therewith.	
The Undersigned understands that the participation in the City of Richardson Animal Shelter Volunteer Program shall be under the direction and control of the Animal Shelter personnel and agree to strictly comply with all Animal Shelter rules, directives and regulations written or otherwise including any personal direction from the Animal Shelter personnel during any time the Undersigned is on or within the Animal Shelter or other City of Richardson Facilities. The Undersigned agrees to assume any and all risk associated with participation in the City of Richardson Animal Shelter Volunteer Program and an instruction or direction connected therewith.	
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PARTICIPANT SIGNATUTRE	PARTICIPANT'S PARENT OR LEGAL GUARDIAN (if Participant is a minor)
PARTICIPANT'S DATE OF BIRTH:	
ADDRESS:	<u> </u>
CITY/ZIP CODE:	
PHONE:	.
EMERGENCY CONTACT NAME AND PHONE:	