



Volunteer Liability Waiver

Name: (Last) _____ (First) _____ (MI) _____

Address: _____

City: _____ Zip code: _____

Birth date: _____ Phone: _____

Contact Information:

Home: _____ Work: _____ Cell: _____

Email: _____

I, _____ acknowledge that I will be performing volunteer services for **Crossroads Animal Rescue (CARE)**. I further understand that certain risks may be associated with such volunteer activities. In consideration of being permitted to perform such volunteer services for **Crossroads Animal Rescue (CARE)**, I voluntarily and knowingly sign this waiver with the express understanding of waiving all rights or causes of action involving, without limitation, bodily injury to myself, or property damage while I am engaged, directly or indirectly, in such volunteer services, whether caused by the negligence of **Crossroads Animal Rescue (CARE)** or **Crossroads Animal Hospital (CAH)** or its officers, directors, agents, and/or volunteers. I attest that I am at least 18 years of age or I have my parent/guardian's signature also on this form.

Further, I shall indemnify, defend, and hold harmless **Crossroads Animal Rescue (CARE)** or **Crossroads Animal Hospital (CAH)** and its officers, directors, agents, and volunteers from and against any and all liability, damage, loss, cost, and expense incurred as a result of any claim, demand, or cause of action brought against **Crossroads Animal Rescue (CARE)** or **Crossroads Animal Hospital (CAH)**, its officers, agents, or volunteers, jointly or individually, for bodily injury or property damage suffered as a result of my negligent, reckless, or willful action in the performance of the volunteer services or as a result of the failure to perform the volunteer services.

Equine Liability Waiver

NOTICE: Under South Carolina law, an equine activity sponsor or an equine professional is not liable for an injury to or the death of a participant resulting from an inherent risk of equine activity, and no participant or participant's representative may make a claim against, maintain an action against, or recover from an equine activity sponsor, or an equine professional, for injury, loss, damage, or death of the participant resulting from an inherent risk of equine activity. Section 47-9-720, South Carolina Code of Laws, 1976 (as amended).



I. Waiver of Jury Trial.

The parties hereto agree to waive the right to request or demand a jury trial in connection with any dispute under this agreement and as to any claim of any kind relating to horse.

All riders and parents or legal guardians must sign below after reading this entire document:

SIGNER STATEMENT OF AWARENESS

I/We, the undersigned, have read and do understand the foregoing agreement, warnings, assumption of risk and release agreement. I/We further attest that all stated facts are true and accurate.

Volunteer's Signature: _____ **Date:** _____

Parent's Signature (if volunteer is under 18 years of age): _____

Witnessed by: _____ **Date:** _____

Emergency Contact

Primary Phone/Secondary Phone