



**Chain Free Beaufort**

P.O. Box 2496  
Beaufort, SC 29901  
843-812-6574

**BREAK THE CHAIN**

### **CHAIN FREE BEAUFORT VOLUNTEER WAIVER**

This document must be signed and on-file before you are able to interact with our dogs.

Please print, sign and bring this waiver with you when you come to volunteer.

In consideration of the opportunity afforded to me as a volunteer for Chain Free Beaufort and in recognition of the possible risk to which I may subject myself, I hereby knowingly, freely, and voluntarily agree to waive all claims for damages for injury to my person and /or damage to my property from which liability may or could accrue to Chain Free Beaufort and its directors, officers, agents, employees, and volunteers, arising out of my volunteer activity with Chain Free Beaufort.

I recognize the possible risk to which I may subject myself as a volunteer for Chain Free Beaufort. And knowingly assume all risks of any injury I might suffer to my person or property arising as a result of my volunteer activity with Chain Free Beaufort, and its directors, officers, agents, employees, and volunteers.

As a volunteer, I relinquish any responsibility of Chain Free Beaufort and/or third parties (Petsmart®) from any illness or injury during in-store volunteer participation.

Finally, I agree to indemnify, defend, and hold harmless Chain Free Beaufort and its directors, officers, agents, employees, and volunteers from all claims, demands, losses, liability, lawsuits, liens, and judgments, including all attorneys' fees and expenses incurred, which arise out of or result, directly or indirectly, from or in connection with my volunteer services, including any causes or alleged to have been caused by the joint, concurrent, or sole negligence or other fault of any indemnities hereunder.

I have read this waiver in its entirety and understand its contents.

I am at least eighteen years of age or emancipated. Parent or guardian signature required if less than 18.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Parents signature if under 18 years of age: \_\_\_\_\_

**Thank you for volunteering for Chain Free Beaufort**

IT'S ALL ABOUT THE DOGS.