

Mid-Atlantic Chinese Shar-Pei Rescue Operation, Inc.

VOLUNTEER AGREEMENT AND RELEASE

Complete & Send to:
MACSPRO
PO BOX 34034
Bethesda, MD 20827
FAX: (301) 770-2731

I, _____ as a Volunteer Service Provider to the Mid-Atlantic Chinese Shar-Pei Rescue Operation, Inc., hereby declare that I shall not hold the Mid-Atlantic Chinese Shar-Pei Rescue Operation, Inc. liable for any illness, injury or disease I might contract or sustain while working in said capacity. I certify that I am 18 years old and can provide my own transportation.

The Mid-Atlantic Chinese Shar-Pei Rescue Operation, Inc. makes no representation concerning any animal's exposure to rabies or other diseases.

Furthermore, I will comply with all of the regulation, policies, procedures and ethics of the Mid-Atlantic Chinese Shar-Pei Rescue Operation, Inc. I understand that my failure to do so will result in my termination as a volunteer.

Volunteer Signature: _____ Date: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian: _____

Witness: _____ Date: _____