## **Animal Rescue Volunteer Release of Liability**

## **Volunteer Information**

Full Name
Address
Phone Number
Email
Release of Liability Statement
I understand and agree that as a volunteer for
Medical Treatment Authorization
In the event of an emergency, I authorize the Organization to seek medical treatment on my behalf and I accept financial responsibility for any resulting expenses.
Photograph & Media Release
I grant permission for photographs or videos taken of me during volunteer activities to be used for promotional purposes by the Organization.
Volunteer Signature
Date