

## Volunteer Release Form

I \_\_\_\_\_ hereby agree to accept a position as a volunteer worker for the City of Aurora Animal Control & Care Facility, and in so doing, I agree to comply with all of the policies, rules, and regulations which may be established at any time. I understand that failure to do so may result in my immediate termination as a volunteer.

I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without any liability of any nature on behalf of the City of Aurora Animal Control & Care Facility.

I recognize that in handling animals and performing other volunteer tasks, there exists a risk of injury including physical harm caused by the animals. All services to be performed by me are done at my own risk. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify, and hold harmless the City of Aurora Animal Control & Care Facility, its agents, servants, and employees from any and all claims, causes of action, or demands of any nature or cause, including all costs and attorney's fees incurred by the City of Aurora Animal Control & Care Facility in connection with the same, based on damages or injuries which may be incurred, or sustained by me in any way connected with my services for the City of Aurora Animal Control & Care Facility, including, but not limited to, animal bites, accidents, injuries, or personal property damage.

Name (printed)	
Signature	
Signature (parent/guardian if under 18 years of age)	
Date	

## Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip code	
Home phone	
Work phone	
Cell phone	

## Tetanus Shot Vaccination Form

I, \_\_\_\_\_, state that my last tetanus shot was received within the last nine years. Alternately, I understand that failure to acquire and remain current on a Tetanus vaccination will jeopardize my volunteer opportunities and hereby agree to provide all current Tetanus vaccination records to the City of Aurora Animal Control & Care Facility.

Name (printed)	
Signature	
Signature (parent/guardian if under 18 years of age)	
Date	