



Volunteer Waiver of Liability
and Hold Harmless Agreement

I am fully aware of the risks and hazards connected with volunteering my time and efforts with **Chicago Canine Rescue** (Chicago Canine Rescue Foundation, CCRF, CCR) including physical injury or even death, and hereby elect to volunteer my time and effort, knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of volunteering my time and efforts.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, **Chicago Canine Rescue** (Chicago Canine Rescue Foundation, CCRF, CCR) their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises of **Chicago Canine Rescue** (Chicago Canine Rescue Foundation, CCRF, CCR).

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family, spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, and COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Illinois.

In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from foregoing written agreements, have been made: and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Volunteer Name: _____ CCRF Name: _____

Address: _____ CCRF Title: _____

City, State, Zip: _____ CCRF Signature: _____

E-mail: _____

Volunteer Signature: _____ Date: _____

Parent or Acting Guardian Signature: _____ (if under 18)

Parent or Acting Guardian Name: _____ (if under 18)