



4011 Maintenance Dr, Marianna FL 32448
850-482-4570

WAIVER FORM

In signing this form, I understand and agree to the following.

I, _____ agree to abide by the policies and procedures explained to me by Partners for Pets, Inc.

During a Voluntary Activity, employee or any other involvement. I agree to serve as a member of the volunteer team, employee or any other involvement at the discretion of Partners for Pets, Inc. and will abide by the appropriate rules and regulations that apply to all. I agree to hold harmless Partners for Pets, Inc., and any of its agents, employees, directors, and insurance claims of every nature, damages or judgments in matters relating to my service as a volunteer, employee or any other involvement. This includes but is not limited to personal injury.

Name: _____ D.O.B _____
Address _____ Phone _____
Signature _____ Date _____

If under 18 years of Age:

The undersigned is the parent or legal guardian and approves their child or ward volunteering.

Name of Guardian (print): _____
Signature of Guardian: _____
Relationship: _____ phone: _____

Emergency Information and notification:

Please provide the name, address and telephone number of the person to reach in case of an emergency.

Name: _____ Phone: _____
Address: _____ Relationship: _____

Are you currently under a Doctor's Care: _____ Name: _____
Address: _____ Phone: _____