



City of Jacksboro Animal Shelter Volunteer Application



Full Name: _____ **Telephone #:** _____

Address: _____

Date of Birth: _____ / _____ / _____ **Email Address:** _____

Guardian Information: _____

Address: _____

Relationship: _____ **Telephone #:** _____

Person to Contact in case of emergency: _____

Address: _____

Relationship: _____ **Telephone #:** _____

Hours and Days Available: _____

Volunteer Experience: (Please list any experience that you have working with animals) _____

RELEASE OF LIABILITY

I hereby acknowledge that I have volunteered my time to work as a volunteer with the City of Jacksboro's Animal Shelter. As lawful consideration for being permitted to participate with the animal shelter and to use the City's facilities, I hereby agree that I, my heirs, distributees, guardians, legal representatives, and assigns will not make the claim against, sue attach the property of, or prosecute the City of Jacksboro and/or any of its affiliated organizations for injury or damage resulting from the negligence or other acts, however caused, by any employee, agent or contractor of the City of Jacksboro or its affiliates, as the result of my participation in the activity.

In addition, I hereby release and discharge the City of Jacksboro and its affiliated organizations from all actions, claims or demands that I, my heirs, distributees, guardians, legal representatives, or assigns now have or may in the future have for injury or damage resulting from my participation in the activity whether or not resulting from the negligence of, gross negligence, or misconduct of any person.

In addition, I hereby release and discharge any employee, agent, representative or contractor of the City of Jacksboro, and its affiliated organizations from all actions, claims or demands that I, my heirs, distributees, guardians, legal representatives, or assigns now have or may in the future have for injury or damage resulting from my participation in the activity, whether or not resulting from the negligence, gross negligence, or misconduct of any person.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.

**I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT
BETWEEN MYSELF AND THE CITY OF JACKSBORO AND/OR ITS AFFILIATED
ORGANIZATIONS, AND I HAVE SIGNED IT OF MY OWN FREE WILL.**

Signature of Minor

Date

Printed Name

Signature of Guardian

Date

Printed Name