TRIANGLE BEAGLE
RESCUE OF NC

VOLUNTEER RELEASE FORM

13200 Strickland Rd Ste 114-287* Raleigh, NC 27613
Email: info@tribeagles.org • Website: www.tribeagles.org

Clear Form

I ,_____,
(insert full, verified name of volunteer)

hereby agree that I am providing volunteer services to Triangle Beagle Rescue of NC, Inc. (hereinafter "TriBeagles") and/or being permitted to assist in facilitating the adoption of Beagles. This may include assisting in adoptions of pets through TriBeagles at local PetSmart stores, and other adoption venues, or participating in fundraising or promotional events that include working with adoptable beagles or other dogs.

In consideration for being permitted to serve as a volunteer for TriBeagles, I acknowledge that there are risks inherent in caring for and handling dogs including the risks of dog bites and diseases and I hereby assume those risks. Despite all known and unknown risks, I hereby expressly and voluntarily remise, release, acquit, satisfy and forever discharge TriBeagles and agree to hold it harmless of and from all, and all manner of action and actions or omission(s), causes of action, claims and damages arising out of any damage, loss, and/or bodily injuries I incur in connection with handling of any dog in my capacity as a volunteer with TriBeagles.

AGREED and signed this ___ day of _____, _____.

_____
Volunteer Signature *(must be at least 18 years of age)*

Volunteer Address:

_____

_____

Volunteer E-Mail: _____

Volunteer Phone No.: _____