DETROIT BULLY CORPS

RELEASE OF LIABILITY AND WAIVER

- > I understand that because I may handle or come in contact with dogs, it is important to discuss being vaccinated against tetanus with my physician. I release Detroit Bully Corps from all responsibility that may occur because of my not pursing this matter further and I understand whatever decision I make is at my own risk.
- > I acknowledge and understand that as a volunteer with Detroit Bully Corps, I am not covered by workers compensation or any other insurance policy through Detroit Bully Corps for any damages or injuries I may sustain during volunteer activities. I understand that I am responsible for my own health coverage.
- > I fully understand that as a part of my volunteer work with Detroit Bully Corps, I will come in contact with dogs either by directly handling them, transporting or through assisting in their care and adoption. Further, I understand that working with animals carries a risk of injury and that it is possible that I may be bitten, scratched or otherwise injured.
- ➤ I fully understand that as a volunteer for Detroit Bully Corps, my family may come in contact with animals at Detroit Bully Corps events and I and my family and/or guests may come into contact with animals. I understand that working with animals carries a risk of injury, and it is possible that my family and/or guests may be bitten, scratched or otherwise injured.
- My signature to this volunteer liability release attest to my intent to hold harmless and release from all liability Detroit Bully Corps or its directors from all acts which are related to the normal performance of required and implied duties. My signature, whether original, by fax or any other electronic means, is valid as if it were an original signature.

Date

I have	read and	agree to	this	release	of	liability	waiver	and	my	signature	below	affirms.
	 Signature								 Date	2		

Printed Name