

## LIABILITY WAIVER - AGE 18+

I, \_\_\_\_\_, the undersigned, understand the following:

1. That volunteers at SKAH are not covered by workers' compensation or other insurance for any injury or illness sustained by their volunteering, and
2. That SKAH, as an animal hospital facility, does present the rare possibility of acquiring an illness or injury, and
3. That despite the best safety program, no individual can be 100% risk free while at this facility.

I hereby state that I am covered by appropriate medical insurance while enrolled as a SKAH volunteer. Furthermore, I release and hold harmless SKAH and all its employees, and agree to defend and indemnify same for any injury/illness that might develop.

Date: \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_

**State of Florida**  
**County of Miami-Dade**

The above individual(s) did appear before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

and gave as ID \_\_\_\_\_ and \_\_\_\_\_, and

acknowledged same, and did not take an oath.

\_\_\_\_\_  
**NOTARY PUBLIC**

My Commision expires: \_\_\_\_\_



## LIABILITY WAIVER - MINORS

I/we, \_\_\_\_\_, the undersigned, parent(s) and/or legal guardian of \_\_\_\_\_, understand the following:

1. That volunteers at SKAH are not covered by workers' compensation or other insurance for any injury or illness sustained by their volunteering, and
2. That SKAH, as an animal hospital facility, does present the rare possibility of acquiring an illness or injury, and
3. That despite the best safety program, no individual can be 100% risk free while at this facility.

I/we hereby state that the minor enrolled as a volunteer is covered by appropriate medical insurance. Furthermore, I/we release and hold harmless SKAH and all its employees, and agree to defend and indemnify same for any injury/illness that might develop.

Date: \_\_\_\_\_ Parent/Legal Guardian: \_\_\_\_\_

**State of Florida**  
**County of Miami-Dade**

The above individual(s) did appear before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ and gave as ID \_\_\_\_\_ and \_\_\_\_\_, and acknowledged same, and did not take an oath.

\_\_\_\_\_  
**NOTARY PUBLIC**

My Commision expires: \_\_\_\_\_



## VOLUNTEER EMERGENCY INFORMATION FORM

### PERSONAL INFORMATION

Date Being Completed: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Best Time to Reach You: \_\_\_\_\_

Email Address: \_\_\_\_\_

### EMERGENCY INFORMATION

Emergency Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_