

C.H.A.R.M., INC.
(City of Headland Animal Rescue Mission)
&
The City of Headland & Headland Police Dept.
Liability Release Form

I, _____, wish to volunteer my services at the Headland Animal Shelter. I understand that I will do this at my own risk and that in the event of an accident or incident, I will hold harmless C.H.A.R.M. Inc., The City of Headland, Alabama and any individuals associated with these entities. I do understand that when working with animals, they can be unpredictable and I take full responsibility should an incident occur.

Name (print): _____

Signature: _____

Name (printed) of Parent in the case of a minor: _____

Signature of Parent: _____

Date: _____

Address: _____

Phone/Contact Number: _____