

Volunteer Liability Release Form

Earps, Inc
www.earps.org
PO Box 736
Brownsburg, IN 46112
(317)809-2153

I, _____, give my voluntary consent to participation in an EARPS Inc. volunteer program beginning on _____. I hereby release EARPS, Inc. and/or All Creatures Great & Groomed, LLC, from any and all liability while volunteering.

In the event of an accident, injury, or illness, the above stated and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage.

Furthermore, I release EARPs, Inc. and/or All Creatures Great & Groomed, LLC, their officers, and volunteers for any loss, personal injury, accident, misfortune, or damage to property of the above named, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above name.

Signature

Date

Print Name