**READ CAREFULLY BEFORE SIGNING**

In consideration of my desire to serve as a volunteer in the charitable efforts conducted by **Retrieving Independence**, a Tennessee nonprofit corporation (“RI”), I agree and acknowledge as follows:

1. I certify that I am at least eighteen (18) years of age or older.

2. I hereby understand and acknowledge that severe injuries can occur during volunteer activities associated with RI, and that no matter how careful RI, its volunteers, breeders, contractors, and other RI program participants are, the risk of injury, illness or death cannot be eliminated. I hereby further acknowledge that as part of my volunteering for RI, there may be instances where I enter the home of an RI breeder, program participant, contractor or other volunteer and that RI is in no way responsible for any injury, illness or death that I may suffer as a result of being on said third party premises. I also acknowledge that RI is not responsible for my safety and condition in transporting to and from RI volunteer activities.

3. I hereby understand that the scope of my relationship with RI is limited to a volunteer position and that no compensation is expected in return for services I provide. RI will not provide me any benefits traditionally associated with employment, and I am responsible for my own insurance coverage in the event of personal injury or illness or as a result of my services to RI. Nothing herein shall be construed as an employer-employee relationship between myself and RI.

4. I hereby grant and convey to RI all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by RI in connection with my providing volunteer services to RI.

5. Based on the foregoing, I hereby assume any and all risks incidental to and arising from providing volunteer services and/or engaging in volunteer activities for RI and that RI is not responsible for any actions of its other volunteers, breeders, program participants, RI employees, and any and all RI affiliates, contractors and agents that I may come into contact with while volunteering for RI, including any volunteer activities that occur on the premises owned by a third party. I acknowledge and agree that my participation in providing support and services for RI is entirely voluntary.

6. I hereby acknowledge and agree that I will indemnify and hold harmless RI, related and affiliated entities, and the officers, directors, employees, agents, representatives, successors, and assigns of each of the foregoing entities, from and against all allegations, claims, actions, suits, demands, damages, liabilities, obligations, losses, settlements, judgments, costs and expenses (including without limitations attorneys’ fees and costs), which arise out of or result from any act or omission on my behalf, related to my volunteer activities and services conducted on behalf of RI, including, but not limited to, the provision of my volunteer services on premises owned by third parties.

7. The Released Parties are: RI, related and affiliated business entities, and the officers, directors, employees, agents, representatives, successors and assigns of each of the foregoing entities. On my own behalf and on behalf of my heirs, executors, personal representatives, administrators and assigns, I (1) release and forever discharge the Released Parties of and from all liabilities, claims, actions, damages, costs or expenses of any nature whatsoever for bodily injury (including death) and property damage arising out of or in any way connected with the volunteer activities and services conducted therewith; and (2) indemnify and hold each of the Released Parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including, but not limited to, all attorney's fees and costs. I expressly agree that this release and indemnity agreement includes, without limitation, any claims based on the negligence, action or inaction of any of the Released Parties, and covers bodily injury (including death) and property damages suffered by me while providing such volunteer services, including, but not limited to, the provision of my volunteer services on premises owned by third parties.

8. I hereby authorize medical treatment for me if the need arises. However, I acknowledge and agree that the Released Parties shall have no duty, obligation or liability arising out of the provision of or failure to provide medical treatment if I am injured in an incident on the Released Parties’ premises.

9. I agree that any claim which I may bring forward at any time for any reason against the Released Parties shall be governed by the laws of Tennessee and the parties submit to the exclusive jurisdiction and venue of the courts of Davidson County, Tennessee, and none other. I also understand that if any part of this Agreement is determined to be unenforceable, all other parts shall be given full force and effect.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTANDTHAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS

Print Volunteer’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge and accept the terms of this waiver \_\_\_

I do not acknowledge and accept the terms of this waiver \_\_\_