**TARHEEL OLD ENGLISH SHEEPDOG RESCUE, INC.**

**VOLUNTEER LIABILITY WAIVER**

1. **PERSONAL INFORMATION**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone: (Cell or Pager)\_\_\_\_\_\_\_**

**E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **LIABILITY WAIVER**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that the information provided on this form is true and correct. I understand that as a volunteer for Tarheel Old English Sheepdog Rescue, Inc. (TOESR) I provide my own automobile and health insurance and hereby agree to not hold TOESR or any of its volunteers, associates or foster care providers liable for any physical, emotional or property damages that are a direct or indirect result of activities involved in the placement, transport, grooming, training or evaluation of Old English Sheepdogs in any way associated with TOESR. This includes any and all activities I perform as a TOESR volunteer.**

**I understand that I will be notified once I have been approved.**

**Signature/Date**

**After signing and initiating this document, please mail to:**

**Tarheel Old English Sheepdog Rescue, Inc.**

**8088 Deverow Court**

**Lewisville, NC 27023**