

VOLUNTEER RELEASE FORM

We encourage volunteer participation of those solutions of those solutions of the next generations.	tudents who desire to pursue a career in veterinary medicine. We
strive to provide mentorship for the next genera	tion of vetermanans.
acknowledge and agree that activities performed basis, without any pay, compensation or benefits	to act as a volunteer for First Equine Veterinary Services. I d by me as a volunteer will be performed strictly on a volunteer s, including without limitation, worker's compensation benefits. I established from time to time by First Equine Veterinary Services a my immediate removal as a volunteer.
animals and performing other volunteer tasks, a harm, illness or disease caused by animals, and v	verformed by me as a volunteer and recognize that in handling risk of harm, injury, illness or disease exists, including physical vehicular injury. I agree that all volunteer activities are to be sponsibility thereof. I am aware that First Equine Veterinary ssippi with long work days extending past 5PM.
consent and authorize First Equine Veterinary Sepurposes. In consideration for permitting me to pehalf of myself, my heirs, personal representation agree not to hold or to attempt to hold first Equiparity or damage sustained or incurred by me are volunteer for First Equine Veterinary Services and their officers and employees from any and all classuch injury or damage incurred or suffered by means	ant part of volunteering at First Equine Veterinary Services. I ervices to use any photographs taken of me for public relations provide volunteer services to First Equine Veterinary Services, on ves, and executors, and amy others who may claim through me, I me Veterinary Services, their officers or employees from any death ising out of or in any way connected with my activities as a did thereby release and discharge first Equine Veterinary Services, aims, demands, causes of action of any nature or cause, for any e. Under Alabama law, an equine activity sponsor or equine eath of a participant in equine activities resulting from the inheren Activities Liability Protection Act.
	(Signature of Volunteer)
	(Date)
	(Signature of Parent/Guardian)
	(Date)