GEORGIA
DEPARTMENT OF CORRECTIONS

Animal Program Waiver of Liability Form

I hereby acknowledge that I am requesting by this Release Form to participate in the Program. By signing below, I am assuming all risks in connection with the Rescued Program, understanding that I will have close and regular contact with animals selected for this program. I further understand that as a participant in the Program, I will be assigned to care for one or more animals, including but not limited to grooming, training, feeding, washing, and cleaning of kennel areas. I promise that I will not provoke, abuse, or harm any animal with which I have contact in this program, and I understand that if I do I will be removed from the program immediately and subjected to disciplinary action, criminal prosecution, or both. I understand that animals, by their very nature, may be aggressive and unpredictable. By accepting the opportunity to participate in the Program, I accept the risk that I may be bitten, attacked, mauled, or injured by an animal.

I hereby waive, release, and discharge the State of Georgia, the Georgia Department of Corrections and its employees, agents, and assigns, and the Contractor and its employees and volunteers from any and all claims, liabilities, costs, or expenses for any and all bodily injury, personal injury, death, loss or damage to personal property, and financial loss that might be sustained by me in connection with my participation in the Program or visit to the Department's Facility.

I hereby accept responsibility for any loss, damage, or injury incurred by me to persons or property during my participation in the Program. I promise to abide by all Georgia Department of Corrections policies, procedures, rules and regulations while on Georgia Department of Corrections property.

By signing below, I certify that I have read this document and fully understand its contents. I am aware that this Release Form serves as a release of liability and a binding contract and I sign it of my own free will.

Name: _____

Signature: _____

Date: _____

Witness: _____

Retention Schedule: Upon completion, by an offender, Attachment 1 shall be placed in the offender's institutional file and maintained according to the official retention schedule for that file. Upon completion, by an employee or volunteer, the form will be retained in the Program office for five (5) years and then shall be destroyed.