



15476 NW 77 Court #440, Miami Lakes, Florida 33016

RELEASE FORM  
(Please Print)

Name:		Phone:
Address:		
City:	State:	Zip:

By signing below, I hereby agree to release South Florida Society for The Prevention of Cruelty to Animals and its officers, directors, agents, insurers, employees and volunteers (“SFSPCA”) from any and all claims and causes of action which I have now or which may arise at any time in the future from any volunteer activity associated with SFSPCA, including without limitation to hauling, transportation or handling of any horse or horses which occurs on any property occupied, leased or used by SFSPCA (“SFSPCA Property”), while traveling to or from SFSPCA Property, or in connection with any SFSPCA operation, activity or event. Through this release, I agree to extinguish all present and future claims against SFSPCA whether arising from negligent or non-negligent activity or other tortuous conduct including claims for injury or death of any person or animal and damage or destruction of any property, vehicle or equipment.

This agreement and general release sets forth my entire agreement with SFSPCA and fully supersedes any prior agreements or understandings between SFSPCA and me. By signing this agreement, I acknowledge that I have entered into it voluntarily and with full opportunity for reflection and consultation.

By: \_\_\_\_\_  
Volunteer signature
Parent/Guardian signature

Dated: \_\_\_\_\_ Dated: \_\_\_\_\_

**EMERGENCY INFORMATION**

*In case of emergency, please call:*

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medical info:

Doctor name: \_\_\_\_\_ Telephone: \_\_\_\_\_