



Capital Area  
Humane Society

7095 W. Grand River Ave., Lansing, MI 48906 (517) 626-6060

PLEASE PRINT NAME OF VOLUNTEER: \_\_\_\_\_

**TETANUS WAIVER**

The Capital Area Humane Society believes it is important for all volunteers to have a tetanus vaccination before joining the volunteer team. To emphasize that importance, we ask you to read and sign the following waiver:

*“I understand that because I may handle animals, it is important to discuss being vaccinated with my physician. I release the Capital Area Humane Society from all responsibility of accident that may occur and understand whatever decision I make regarding a tetanus vaccination is at my own risk.”*

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE.

\_\_\_\_\_  
(VOLUNTEER SIGNATURE OR PARENT/GUARDIAN OF CHILD VOLUNTEER) (DATE)

**HOLD HARMLESS**

I agree to hold harmless the Capital Area Humane society in the event of any bodily (or other) injury to myself incurred while at the Shelter or on Shelter-related business while working as a Volunteer.

I acknowledge that I have been advised to secure any necessary insurance needed to serve as a Volunteer for the Capital Area Humane Society.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE.

\_\_\_\_\_  
(VOLUNTEER SIGNATURE OR PARENT/GUARDIAN OF CHILD VOLUNTEER) (DATE)

Please note that you may not volunteer until you have signed the above form (or parent/guardian has signed for junior volunteers.) Your safety and the well being of the animals is of the utmost importance to CAHS.