

**Tetanus Vaccination Waiver-Future Volunteer**

A tetanus shot is strongly suggested before direct animal contact at the Henry County Humane Society. By signing this waiver, I affirm that I have had a tetanus shot within the last 10 years.

I understand the necessity of a tetanus vaccination and I agree that on behalf of myself, my heirs, personal representative and executors, I release, discharge, indemnify, and hold harmless the Henry County Humane Society, its agents, employees, directors and board of directors from any and all claims, causes of action, or demands of any nature of cause, including costs and attorneys fees incurred by the Henry County Humane Society in connection with the same, based on damages, or injuries which may be incurred or sustained by me in any way connected with my services for the Henry County Humane Society including but not limited to animal bites, accidents, or injuries.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Sign here if you have chosen NOT obtain a tetanus shot before direct animal contact at the Henry County Humane Society. By signing this waiver, I affirm that I have NOT had a tetanus shot within the last 10 years.

I understand the necessity of a tetanus vaccination and I agree that on behalf of myself, my heirs, personal representative and executors, I release, discharge, indemnify, and hold harmless the Henry County Humane Society, its agents, employees, directors and board of directors from any and all claims, causes of action, or demands of any nature of cause, including costs and attorneys fees incurred by the Henry County Humane Society in connection with the same, based on damages, or injuries which may be incurred or sustained by me in any way connected with my services for the Henry County Humane Society including but not limited to animal bites, accidents, or injuries.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_