



P.O. Box 343, 26 King Street, DRYDEN, Ontario P8N 2Z1
807.223.3335 SecondChancePetNetwork@drytel.net

FRIENDS of SECOND CHANCE PET NETWORK Membership

*Please complete all sections of this form and return it to Second Chance Pet Network. Applications will not be processed if incomplete.

Yes, I would like to become a FRIEND of Second Chance Pet Network (Dryden). For those under the age of 12, parental involvement is required as well.

Name of applicant (please print): _____

Address _____ Phone _____ (home) _____ (work)

E-mail _____

Membership Fee: (Optional)

Adults: \$25.00 Paid _____

Children (under 18): \$5.00 Paid _____

I would like to help the pets by assisting in the following area(s):

- Fund Raising Education/Awareness Cats Other _____
 Public Relations Foster Home Dogs

Signature _____ Date _____

Children's Waiver:

I _____, parent/guardian of _____, acknowledges that he/she will be performing volunteer services for Second Chance Pet Network. I further understand that certain risks may be associated with such volunteer activities. In consideration of him/her being permitted to perform such volunteer services for Second Chance Pet Network, I voluntarily and knowingly sign this waiver with the express understanding of waiving all rights or causes of action involving, without limitation, bodily injury or property damage to _____ while engaged, directly or indirectly, in such volunteer services, whether caused by negligence of Second Chance Pet Network or its officers, directors, agents, and employees. Further, I shall indemnify, defend, and hold harmless the Second Chance Pet Network and its officers, directors, agents, and employees from and against any and all liability, damage, loss, cost, and expense incurred as a result of any claim, demand, or cause of action brought against Second Chance Pet Network, its officers, agents, or employees, jointly or individually, for bodily injury or property damage suffered as a result of his/her negligent, reckless, or willful action in the performance of the volunteer services or as a result of the failure to perform the volunteer services.

I have read, understand, and agree to the above liability waiver.

Signed at Dryden, Ontario on _____

Signature _____

Second Chance Pet Network

per _____ Date _____

Adult Waiver:

I acknowledge that I will be performing volunteer services for Second Chance Pet Network. I further understand that certain risks may be associated with such volunteer activities. In consideration of being permitted to perform such volunteer services for Second Chance Pet Network, I voluntarily and knowingly sign this waiver with the express understanding of waiving all rights or causes of action involving, without limitation, bodily injury or property damage to myself while engaged, directly or indirectly, in such volunteer services, whether caused by negligence of Second Chance Pet Network or its officers, directors, agents, and employees. I am 18 years of age or older.

Further, I shall indemnify, defend, and hold harmless the Second Chance Pet Network and its officers, directors, agents, and employees from and against any and all liability, damage, loss, cost, and expense incurred as a result of any claim, demand, or cause of action brought against Second Chance Pet Network, its officers, agents, or employees, jointly or individually, for bodily injury or property damage suffered as a result of my negligent, reckless, or willful action in the performance of the volunteer services or as a result of the failure to perform the volunteer services.

I have read, understand, and agree to the above liability waiver.

Signed at Dryden, Ontario on _____

Signature _____

Second Chance Pet Network

per _____ Date _____