

**THIS IS A RELEASE OF LIABILITY  
PLEASE READ CAREFULLY BEFORE SIGNING**

In consideration of serving as a volunteer in spay & neuter clinics or other activities or as a participant in programs of Compassion Copper Canyon Inc.,

**I Assume All Responsibility for Any and All Risk of Property Damage or Bodily Injury, Including the Loss of Life or Limb, that I May Sustain or Cause While Participating, Including the Use of Equipment and Facilities of Compassion Copper Canyon Inc.**

Further, I on behalf of myself and my heirs, executors, administrators, and assignees, hereby release, waive and discharge Compassion Copper Canyon Inc., and its officers, directors, employees, agents, and volunteers (the "Released Parties") from any and all claims that I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of, or arising in connection with such activities or participation, and hereby waive all such claims, demands, and causes of action, including any and all actions for loss of life or limb. I further covenant and agree to indemnify, hold harmless, and defend the Released Parties from any loss, liability, damage, or costs, including attorneys' fees, they may incur arising out of or related to my activities, whether caused by the negligence of the Released Parties or otherwise. I agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Tennessee, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I understand that such activities or participation may involve risks and hazards that may include, but are not limited to, the use of tools and other equipment, working around other participants who may not be accustomed to the type of labor or the tools or equipment associated with it, working on or traversing rural terrain that may be uneven, rocky and otherwise hazardous, and other risks and hazards that may vary depending on the activity or program. I am aware of these and other risks and hazards and hereby assume sole responsibility for all such risks and hazards.

I agree to abide by all directions established with respect to such activities or participation. I understand that an officer of Compassion Copper Canyon may, for any reason and in his or her absolute discretion, regulate, suspend, or revoke my participation in the activities, and I agree that I must promptly abide by any decision or directive by any Compassion Copper Canyon officer. I understand and agree that suspension or revocation of participation in any activity shall not entitle us to a refund of any donations, expenses, or other funds.

I covenant and agree that this Release shall be construed in accordance with the laws of the State of Tennessee and that any suit or other proceeding relating to this Release and any activities must be filed only in the federal or state courts of in Hamilton County, Tennessee. Any portion of this Release deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the Release as a whole to the full extent authorized by law.

I authorize the Released Parties to take and use images of me relating to the activities, including, without limitation, photographs, digital images, video or audio recordings, and accompanying written descriptions. I understand and agree that the Released Parties, or any of them, own the

images and all rights related to them and may use the images in any manner. I understand and agree that I will not receive payment for any use of images in which I may appear.

I currently have no known physical or mental condition that would impair my capability for full participation as intended or expected of me.

I have read and fully understand this Release and understand that I have given up substantial rights by signing it. I am entering into this Release freely and voluntarily. I intend that this Release bind my family members, executors, administrators, heirs, assigns, personal and legal representatives, and anyone else entitled to act on my behalf to the extent they act on our behalf, and is deemed as a release, waiver, discharge and covenant not to sue the Released Parties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Phone #

Do you have any medical conditions or allergies that we should be aware of in case of an emergency?

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