



41 West 13<sup>th</sup> Street  
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## Volunteer Waiver

My signature below indicates that I understand and agree to the following:

1. I authorize Biscuits & Bath to seek emergency medical treatment in the case of an accident, injury or illness.

**Emergency Contact:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_

2. I hereby fully and completely release Biscuits & Bath Companies, LLC, its affiliates and subsidiaries (collectively, "B&B") its and their agents, servants and employees from any and all claims, causes of action or liability arising from any of my activities with B&B animals, at B&B events; or in the B&B premises and further agree to indemnify and hold harmless B&B its agents, servants and employees against all claims, causes of action or liability arising from any of my activities with B&B animals, at B&B events or in the B&B facilities.
3. In the event of my death or incapacity, this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns, and representatives.
4. In entering into this Agreement and agreeing to volunteer, I am not relying on any oral or written representations of B&B.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENTS AND AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE B&B. I UNDERSTAND THAT ANY FALSE STATEMENTS MADE BY ME MAY SUBJECT ME TO CRIMINAL PROSECUTION**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #'s:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_