



Volunteer Agreement/Consent and Release from Liability

Please read carefully. Parent/guardian must sign for children under 18.

I hereby assert that I freely and voluntarily agree to provide volunteer services to Conway Area Humane Society (CAHS) at my own discretion as set forth below. I understand CAHS is a non-profit, public charity, and I choose to volunteer my services to CAHS based on my own desire to contribute to my community for civic, charitable and/or humanitarian purposes. I understand that I am in no way obligated to do so and that my hours of service as a volunteer at CAHS are served with no promise, expectation, contemplation or receipt of compensation or benefits for the services rendered.

During my volunteer services, I agree to act in the best interest of CAHS and its animals and to abide by the policies, procedures, rules and regulations as outlined in CAHS' Volunteer Handbook. I understand that the application information is voluntarily provided and may be used and disclosed for CAHS purposes. I shall keep confidential all matters that are not otherwise known by the public concerning CAHS and its animals, customers, adoption applicants, donors and any other matter related to CAHS.

I authorize CAHS to seek emergency medical treatment in case of injury, accident or illness. While CAHS is concerned about the safety and well-being of its volunteers, I acknowledge that it is my sole responsibility to exercise caution and good judgment. I understand and voluntarily assume the risks with volunteering for CAHS.

In consideration of my (or that of my minor child), _____, acceptance as a volunteer for Conway Area Humane Society, I hereby waive, release and discharge and claims for damages, death, personal injury or property damage which I (and/or my child) may have against CAHS, its agents and employees from and against any and all liability arising out of or connected in any way with my (and/or my child's) participation in this activity, even though liability may arise out of carelessness or negligence on the part of CAHS, its agents and employees. I further understand that accidents and injuries can arise out of my (and/or my child's) participation, including the possibility of bites, scratches or other physical injuries from animals. Knowing these risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless CAHS, its agents and employees who might otherwise be liable to me (and/or my child) for damages. It is further understood that this waiver, release and assumption of risk is binding upon my heirs and assigns (and upon any guardians ad litem of my child).

I give consent to CAHS or any other media agency to photograph myself (and/or my child). I understand that these images may be used for brochures, newspapers or other forms of media. CAHS has my permission to use and all photos or videos taken of me (and/or my child) for promotional use or to

advertise an event. I understand that all prints, film and negatives become property of CAHS and may be used without prior notification or compensation of money, services or goods.

THIS IS A RELEASE. I HAVE READ THIS RELEASE CAREFULLY. I UNDERSTAND AND ASSUME THE RISKS INVOLVED. BY SIGNING, I GIVE UP MY (OR MY CHILD'S) RIGHT TO SUE.

Signature of Applicant (if under 18, parent or guardian must sign)

Date

Print name of Applicant (Volunteer)

Tetanus and Rabies Vaccination Waiver

Conway Area Humane Society feels it is important for all its staff and volunteers to be current on their tetanus vaccination and rabies vaccination series, particularly if they are handling animals. If a member of the staff or a volunteer has questions about the tetanus vaccination and/or the rabies vaccination series, he or she is encouraged to consult a physician, at his or her expense, to decide whether or not to be vaccinated against tetanus and/or rabies.

I have read, understand and agree to the above information regarding the tetanus vaccination and rabies vaccination series. Furthermore, I release Conway Area Humane Society from all responsibility that may occur because of not being vaccinated against tetanus and/or pursuing the pre-rabies exposure vaccination series. I understand that whatever decision I make regarding the vaccinations is my own decision and is made at my own risk.

Signature of Applicant (if under 18, parent of guardian must sign)

Date

Print name of Applicant (Volunteer)