



THE HUMANE SOCIETY
OF THE UNITED STATES

Volunteer Waiver and Release of Liability

This is a legal document – please read carefully and be sure you understand it before signing.

I, (PRINT NAME HERE) _____, have voluntarily applied to assist The Humane Society of the United States and/or its affiliates (hereinafter referred to as The HSUS) with the work referenced in the Position Description(s) for my volunteer role(s), and as specified in the Volunteer Agreement I signed.

By applying for and performing this volunteer work, I agree as follows and have initialed each item to indicate that agreement:

___ I am aware that this is a contract between me and The HSUS and that it waives legal rights that I may have now or in the future and releases The HSUS and others from claims for damages.

___ I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH FULL KNOWLEDGE OF THE TASKS INVOLVED. I AGREE TO ACCEPT ANY AND ALL RISKS ASSOCIATED WITH MY PARTICIPATION, INCLUDING BUT NOT LIMITED TO INJURY AND ILLNESS.

___ I understand there are risks and dangers associated with working with wild, feral and domesticated animals, including but not limited to, bites, scratches, zoonotic diseases (diseases transmitted from animals to humans), and allergic reactions. I also understand there may be risks involved with exposure to certain chemical cleaning products while performing my volunteer duties. I fully understand and accept those risks and dangers.

___ I fully assume all the risks involved with my volunteer activities, and acknowledge that they are acceptable to me. I agree to use my best judgment in undertaking these activities. I also agree to follow the rules and safety instructions as given by HSUS employees and volunteers authorized to act in a supervisory capacity.

___ I agree that I will not sue, prosecute, or in any way make a claim against The HSUS for injury to me or damage to my property resulting from the negligence or other acts, howsoever caused, by any employee, agent, volunteer or contractor of The HSUS or other people as a result of my volunteer duties.

___ I fully and forever release and discharge The HSUS from any and all actions, causes of action, claims, liabilities, or demands I have or may have in the future, whether known or unknown, for injury, illness, death or damage arising out of or related in any way to my volunteer duties.

___ I agree that The HSUS may use my name, and pictures, photographs, or video and/or sound recordings of me on television, on radio, on the Internet, in emails, and in stories, news articles, advertisements, or other written or digital materials. I agree that such uses may include education, advocacy, and fundraising. I consent to and authorize, in advance, such use and agree that The HSUS does not have to notify me of such use or provide me with other consideration for such use. I waive any rights of privacy and/or publicity I may have in connection with these uses.

___ I agree that the rights I am giving up and agreements I am making apply equally to me and to my heirs, successors, assigns, guardians and legal representatives. I agree that none of those individuals may make any claim or take any action that I could not make or take myself.

___ I agree that this Waiver and Release of Liability protects and is for the benefit of The Humane Society of the United States, and also for its affiliates, and their respective employees, officers, directors, consultants, interns, volunteers, licensees, and all others acting on their behalf. I also agree that I may not make any claim or take any action against any of those affiliates or individuals that I could not make or take against The HSUS itself.

___ I intend to fully and voluntarily waive any rights I have as described in this Waiver and Release of Liability. To the extent that legal consideration is required for this Waiver and Release of Liability to be effective, I agree that I have received good, valuable and sufficient consideration by being permitted by The HSUS to provide volunteer service and to receive training and instruction.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS AND ACCEPT AND SIGN IT OF MY OWN FREE WILL. If I am under 18 years of age at the time of registration, my parent or legal guardian has completely reviewed this Waiver and Release of Liability, understands and consents to its terms, and authorizes my participation.

Printed Name of Volunteer

Signature of Volunteer

Date

Printed Name of Parent or Guardian (if under 18)

Signature of Parent or Guardian (if under 18)

Date

Printed Name of HSUS Representative

Signature of HSUS Representative

Date

AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICES

This Agreement is made, by and between Animal Services, the City of Lacey a political subdivision of the State of Washington hereinafter referred to as the “City” and _____ hereinafter referred to as the “Volunteer.”
(print name)

PURPOSE: The purpose of this Agreement is to outline the responsibilities of Animal Services/the City in providing volunteer opportunities, and to create an understanding between Animal Services/the City and the Volunteer.

This Agreement shall apply to persons voluntarily performing non-compensated services for Animal Services/the City, including but not limited to, practical work experience, recreational programs, senior programs, police resource centers, and academic internships.

AGREEMENT FOR NON-COMPENSATED SERVICES: The Volunteer agrees to abide by all relevant Animal Services and City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions of service.

It is further understood that this Agreement shall not in any way constitute nor create an employer/ employee relationship between Animal Services/the City and the Volunteer. Animal Services/the City shall not be responsible for, nor liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of this Agreement **EXCEPT** for State Labor and Industries Industrial Insurance medical aid coverage.

In consideration of Animal Services/the City giving me permission to perform these volunteer services, I understand that: *(Please initial the following)*

_____ I am not to appear for volunteer service under the influence of alcohol or any illegal drugs. The Volunteer agrees to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.

_____ I will abide by all Animal Services/City policies regarding personal conduct while performing volunteer services.

_____ I agree not to go beyond the scope of volunteer work agreed to without authorization.

_____ I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.

_____ Should an injury occur during the scope of my service Animal Services/the City has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers.

_____ I understand that I am to report any on-the-job injury or illness, no matter how minor, to Animal Services/the City’s representative on-site.

_____ I give my permission to have photos/video tapes taken during the volunteer activities of adults and/or minor participants, without recompense, to be used for publicity purposes.

_____ I will adhere to the Animal Services Code of Conduct:

- Bring my best skills and abilities to my volunteer work

- Exercise caution and common sense when dealing with shelter animals. Safety first for volunteers and for animals.
- Treat all animals with kindness and respect
- Support the mission, goals and efforts of Animal Services with a positive attitude
- Approach my volunteer responsibilities with professionalism
- Promote goodwill by handling contacts with staff, other volunteers, and visitors in a spirit of courtesy and cooperation
- Remember that as a volunteer I am advocating for animals and Animal Services in the community
- Correct, when possible, misleading or inaccurate information and representations made by others concerning Animal Services policies, practices and procedures
- Maintain confidentiality of all information I may receive while at the shelter, written or verbal, pertaining to animals or people
- Observe all safety and security rules in the performance of my volunteer job duties. Report all problems concerning animals, visitors or the environment immediately
- Animal Services property, services or supplies are not available for personal use. If in doubt, ask staff
- Become familiar with and abide by all policies in the volunteer handbook and any postings or handouts that are provided by Animal Services
- Contact the Volunteer Coordinator immediately if I feel discriminated against or harassed by someone in connection with my volunteering
- Avoid engaging in any conduct that could be perceived as a conflict of interest
- Contact the Volunteer Coordinator if there are any questions or concerns about Animal Services policies, procedures, interpersonal communications or my volunteer responsibilities
- In order to remain in good standing, I understand I am required to adhere to the Code of Conduct for Volunteers

BACKGROUND CHECKS: I consent to Animal Services/the City performing a background check into my history in accordance with RCW 43.43.830–839 and waive any right of privacy I may have in such information for the limited purpose of Animal Services/the City considering it for determining my suitability as a volunteer. (To be used for volunteers who will have unsupervised access to children developmentally disabled persons, or vulnerable adults or who will be working with confidential information.)

TERMINATION: I understand that I or Animal Services/the City may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

WAIVER & HOLD HARMLESS: I am fully aware that the work associated with being an Animal Services/ City Volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in Animal Services/the City’s Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of Animal Services/ City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless Animal Services/the City, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities.

LIABILITY COVERAGE: I understand that Animal Services/the City is self insured through the Washington Cities Insurance Authority (WCIA) for liability coverage. Volunteers performing within the scope of their assigned duties as authorized by Animal Services/the City are afforded the same coverage as Animal

Services/City employees under Animal Services/the City 's liability coverage with WCIA. I am fully aware that a volunteer's intentional misconduct is not protected or covered by Animal Services/the City or WCIA.

This agreement will be in effect for the duration of my volunteer services beginning _____ (date).

By: _____
Animal Services/City of Lacey

Volunteer's Signature

Address

City/State/Postal Code

Phone

Parental/Guardian Consent

I (we) am/are the parent(s) or legal guardian of _____ who desires to be a
(print name)

participant in the City of Lacey's sponsored activity of volunteering at Animal Services.

It is important to me (us) that this minor be allowed to participate in this activity. I have been advised via this document that Animal Services/the City of Lacey does not provide Uninsured, Underinsured, Med Pay of Personal Injury Protection Coverage under its Liability Coverage, however that the services are covered by the State Labor and Industrial Insurance Medical Aid Coverage for volunteer workers. Being fully informed as to these risks and in consideration of Animal Services/the City of Lacey allowing my child to participate in this sponsored activity and/or use Animal Services/the City of Lacey facilities and/or being transported, I (we), on behalf of myself (ourselves) and on behalf of the above-named participant minor, assume all risk of injury, damage and harm to the minor which may arise from the minor's participation in the activities, use of Animal Services/the City of Lacey facilities and/or the providing of transportation to and from the activity. I (we) further agree, individually and on behalf of the above-named minor, to release and hold harmless Animal Services/the City of Lacey, its officials, employees, volunteers and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named minor or me arising out of the Minor's voluntary participation in this activity and/or being transported to and from the activity. I (we) grant my (our) full and voluntary consent for the above-named minor to participate in the activity described above.

Parent(s) / Guardian Printed Name(s)

Parent(s) / Guardian Signature(s)

Date

Parent(s) / Guardian Address

Phone ()



Waiver for Youth Volunteers Under 18

Child/Student Name _____

Mailing Address _____

Home Phone _____ Email _____

Emergency contact info for child _____

Date and time of volunteer work: _____

I, _____ (Parent/Guardian) fully and completely release PAWS, its officers, directors, employees, agents, and all responsible for any loss or injury that may result from my child's volunteer work while volunteering on behalf of PAWS, or from any activity that my child undertakes on the premises of PAWS, or from the actions of staff or other volunteers handling, treating, or caring for animals on behalf of PAWS. This release also expressly includes a full and complete waiver of any and all claims against PAWS, its officers, directors, employees, agents, or successors for any loss or injury that may result from the actions of other volunteers or third parties. I acknowledge that I am aware that my child's picture may be taken during the course of the volunteer work, and I give permission to PAWS to utilize any pictures or video taken of my child for use in PAWS advertising or promotion to the public. Finally, I accept the additional terms that are specified below, if any.

Parent/Guardian

Signature _____ Date _____

Print Name _____



Volunteer Agreement

As a volunteer for the Humane Society for Southwest Washington, I understand and agree to the following:

Please initial by each statement.

- _____ I agree to hold absolutely confidential all information that I may obtain concerning patrons or animals. I understand that an intentional or unintentional violation of confidentiality may result in disciplinary action, including termination of volunteer services and/or possible legal action by others (i.e. patrons).
- _____ I fully understand that the Humane Society for Southwest Washington expects high standards of moral and ethical treatment of animals under its care. I agree to adhere strictly to these standards in my voluntary capacity and exercise compassion, care, and positive training methods with all animals.
- _____ I agree to treat patrons and other guests of the Humane Society for Southwest Washington with courtesy, sensitivity, and professionalism. I will seek management help for for any questions or situations beyond my knowledge or training.
- _____ I agree to advise my supervisor of relevant information regarding an animal or patron in a timely manner. I will communicate job-related problems, concerns, differences of opinion, conflicts, or suggestions to the Manager of Volunteer Programs.
- _____ I agree to limit my activity to my assigned work area unless otherwise directed by the Manager of Volunteer Programs, or Director of Shelter Operations.
- _____ I agree to adhere to my schedule and to sign-in and out procedures. I will notify my department manager or my area scheduler when unavailable for my shift.
- _____ I agree to maintain appropriate volunteer attire and a well-groomed appearance for all assignments.
- _____ I agree to volunteer in a regular capacity, for a minimum of six (6) months. I understand that my volunteer service is an integral part of the daily operations of the shelter and I agree to notify the Volunteer Office immediately of any schedule changes or if I wish to discontinue my volunteer services.
- _____ I understand that the Humane Society for Southwest Washington reserves the right to terminate my volunteer status at any time, for any circumstances which, in the judgment of the Manager of Volunteer Programs, Director of Shelter Operations or Executive Director, would make my continued service as a volunteer contrary to the best interest of the agency.

I have read and understand each of the above conditions. By signing below, I agree to adhere to the stated volunteer agreement.

Signature of Volunteer: _____ Date: _____

Print Name: _____

Signature of Parent/Guardian if minor: _____ Date: _____



Waiver of Liability

The undersigned acknowledges that services provided to the Humane Society for Southwest Washington are strictly voluntarily and in a volunteer capacity without any express or implied promise of salary, compensation or other payment of any kind. The undersigned further understands that certain risks may be associated with performing these services and he/she accepts those risks.

In consideration of being permitted to perform volunteer services for the Humane Society for Southwest Washington, the undersigned, for himself/herself and his/her heirs and representatives voluntarily and knowingly executes this document and expressly waives any and all rights, claims or causes of action, including, without limitation, those involving bodily injury or property damages to the undersigned, or to the undersigned's family or property while the undersigned is engaged directly or indirectly, in performing services, whether or not caused by the negligence of the Humane Society for Southwest Washington, its officers, board of directors, agents or employees. The undersigned hereby agrees to indemnify, defend and hold the Humane Society for Southwest Washington, its officers, board of directors, agents and employees harmless 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 the Humane Society for Southwest Washington, its officers, board of directors agents or employees, jointly or individually, for bodily injury or property damage suffered as a result of the undersigned's reckless or willful act or omission in the performance (or failure to perform) of volunteer services.

The undersigned has read and fully understands the contents of this Waiver of Liability. This Waiver of Liability shall continue in full force and effect until all volunteer services have been terminated.

Signature of Volunteer: _____ Date: _____

Print Name: _____

Signature of Parent/Guardian if minor: _____ Date: _____

Media Release

By signing below, I hereby grant permission to the Humane Society for Southwest Washington to use my likeness in photograph(s) and/or video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by the Humane Society for Southwest Washington in perpetuity. I will make no monetary or other claims against the Humane Society for Southwest Washington for the use of said photograph(s) and/or video.

Signature of Volunteer: _____ Date: _____

Print Name: _____

Signature of Parent/Guardian if minor: _____ Date: _____

“With respect and compassion for all animal life, MEOW promotes lifelong relationships between people and companion animals, providing shelter and care for each precious life until adopted into a forever home.”



VOLUNTEER WAIVER & RELEASE

I, _____, hereby agree to accept a position as a volunteer for Mercer Island Eastside Orphans & Waifs (herein referred to as MEOW), and in so doing, I agree to comply with the rules and regulations established by MEOW and understand that failure to do so may result in my immediate termination as a volunteer. I agree to support and advocate MEOW’s policies and to do my best to represent MEOW to the public in an accurate and professional manner. I acknowledge that as a volunteer I have not been given the authority to speak to the media on behalf of MEOW, and will not, unless asked to do so by an authorized representative of MEOW.

I understand that the scope of my relationship with MEOW is limited to a volunteer position and that no compensation is expected in return for services I provide; that MEOW will not provide to me any benefits traditionally associated with employment, and that I am responsible for my own insurance coverage in the event of personal injury, illness, or property damage as a result of my activities with MEOW.

1. Assumption of Risk: I understand that my volunteer activities include work that may be hazardous to me, including but not limited to, handling frightened animals, being bitten, scratched, injured or frightened by animals, cleaning feces, urine and vomit, moving cages and crates, bending, stooping, and other activities involved in the handling and care of animals. As a volunteer, I hereby expressly and specifically assume the risk of injury or harm in the activities and release MEOW from all liability of injury, illness, death, property damage or loss resulting directly or indirectly from the activities.
2. Insurance: Further, I understand that MEOW does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of MEOW beyond what may be offered freely by MEOW in the event of such injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge MEOW from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with MEOW.
4. Photographic Release: I grant and convey unto MEOW all right, title, and interest in any and all photographs, images, video and audio recordings of me or my likeness or voice made by MEOW during my activities with MEOW, including but not limited to any royalties, donations, proceeds, or other benefits derived from such photographs or recordings. I further permit MEOW to publish said images, records, and videos at will on the website and in other media for advertising and other use as MEOW deems appropriate.
5. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Washington and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Release which shall continue to be enforceable.
6. Release and Waiver: I do hereby release and forever discharge and hold harmless MEOW, any of its past, present or future Officers, agents, volunteers, employees or assigns, and interested third parties from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereinafter arise from my activities with MEOW. I understand and acknowledge that this Release discharges MEOW from any liability or claim that I, or my family, may have against MEOW with respect to bodily injury, personal injury, illness, death, or property damage that may result from my activities with MEOW or occurring while I am participating in those activities.

By signing below, I, or if applicable, the parent/guardian, express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Additionally, my signature below confirms that I have accurately and truthfully completed the volunteer application.

Name (printed): _____

Signature: _____

Date: _____

Signature of Parent/Guardian: _____
(if volunteer is under age 18)

Date: _____

“With respect and compassion for all animal life, MEOW promotes lifelong relationships between people and companion animals, providing shelter and care for each precious life until adopted into a forever home.”



MEOW Foster Agreement

I understand that the animal(s) are temporarily in my care and belong exclusively to MEOW. I also understand that the purpose of this foster relationship is solely to provide care for the animal(s).

I understand that when ready for adoption, I will surrender the animal(s) to MEOW for placement. MEOW must formally approve any and all placements, and all are subject to the same guidelines as all other MEOW adoptions. This includes adoption by the foster provider and to friends/relatives/acquaintances of the foster provider.

I will:

- Provide safe, clean, warm, indoor housing for fostered animal(s).
- Not allow fostered animal(s) outdoors at any time.
- Provide high-quality food and litter (NON-clumping for kittens).
- For the health and safety of my animals and the fostered animal(s), I will keep the fostered animal(s) separate from my own pets.
- Spend as much time as possible socializing and playing with the animal(s).
- Bring the animal(s) to MEOW for vaccinations, medical treatments, and spay/neuter appointments on scheduled dates.
- Closely monitor the condition of the fostered animal(s) and contact MEOW immediately when any problems are observed, or when I have any questions or concerns.

Additionally: [please initial each clause]

- I understand that animal(s) in my care may develop health problems and that some diseases can be passed to other household pets, or to humans, and that MEOW cannot provide medical treatment for my own pets or family members. MEOW strongly advises that all household pets be current on vaccines and that humans have a current tetanus booster.
- I understand that all medical treatment for fostered animal(s) MUST be pre-authorized by MEOW staff. MEOW is not responsible for any unauthorized medical treatment and/or costs incurred.
- I understand that MEOW may request the return of fostered animal(s) at any time for any reason and I agree to cooperate with any such request.

Name (printed): _____

Signature: _____ Date: _____

MEOW Representative: _____

Informed Consent, Release & Agreement to Hold Harmless

King County, charter county government under the constitution of the State of Washington, hereinafter referred to as "the County", maintains an animal services section through the authority of the County Executive. In the regular course of providing animal care and control services in King County, the Section uses volunteers in many animal related activities, including cleaning cat cages, cuddling cats, handling the cats during the adoption process, cat food preparation, interacting with the public, and related tasks at Regional Animal Services of King County or a partner store (Reber Ranch, Petco, or PetSmart).

(Print child's name) _____, who is at least 16 years old, wishes to volunteer for Regional Animal Services of King County (hereinafter to as "RASKC") at RASKC or a partner store. As the child's parent/ legal guardian, I recognize that she will be exposed to the routine risks of dealing with cats, which could include property damage and/or bodily injury, including severe infection and death. I consent to my child volunteering for RASKC at the shelter or a partner store without my being present. For and in consideration of permission to volunteer, I agree to release, forever discharge, and hold harmless the County, its officers, officials, employees, and agents from any liability which might arise out of my child's volunteer activities.

Signature of parent/ legal guardian

Date

Emergency Medical Treatment Authorization

As parent/ legal guardian of (print child's name) _____, I (print name) _____ authorize qualified emergency medical personnel, including a physician and staff to examine my child in the event of injury, and to administer any emergency care or treatment deemed necessary. A reasonable effort will be made to contact the parent prior to any treatment. I agree to be responsible for all necessary charges incurred as a result of any care or treatment rendered pursuant to this authorization.

Signature of parent/ legal guardian

Date

Cell phone number & email address of parent/ legal guardian

Work phone number of parent/ legal guardian

Home telephone number of parent/ legal guardian

OVER

Parent Permission & Assumption of Liability

As parent/ legal guardian of (print child's name) _____, I (print name) _____ hereby grant my permission for my child to participate in the above-referenced activity without my being present. I acknowledge, agree, and understand that said participation involves risks and inherent dangers that may cause injury, including severe infection, and/or death. On behalf of the myself and my child, I agree to assume the liability and obligations referenced above and to release and forever discharge the County, its officers, officials, employees, and agents from any liability or claim of liability arising out of my child's activities.

Signature of parent/ legal guardian

Date