



Washington County Humane Society, DBA PAWS & More Volunteer Waiver of Liability and Assumption of Risk Agreement

I understand that this is a Waiver of Liability. As a volunteer for Washington County Humane Society, DBA PAWS & More, I am required to sign this document before volunteering with Washington County Humane Society, DBA PAWS & More for the activity herein.

I understand that Washington County Humane Society, DBA PAWS & More is not providing transportation to and from the site.

I undertake this volunteer activity freely and voluntarily, will always conduct myself in a reasonable manner and remain personally responsible for my actions. I will treat the animals with compassion and tenderness. No mistreatment of the animals will be tolerated.

I acknowledge there are inherent and other risks associated with volunteer activity. Risk may include, without limitation, the possibility of personal injury or property damage or loss arising from activities. I understand and acknowledge the potentially dangerous environment I may be exposed to and freely assume all of the associated risks.

I, for myself and anyone entitled to act on my behalf, hereby waive, release and hold harmless (i) Washington County Humane Society, DBA PAWS & More, its directors, officers, employees and agents, (ii) the owner of the property where I am providing my volunteer service and (iii) the organization providing the accommodation to me as a volunteer and the respective successors and assigns of each forgoing, from all claims of damage, loss, or liability of any kind or nature arising out of my performance of the volunteer activity.

I understand and acknowledge that Washington County Humane Society, DBA PAWS & More and its directors, officers, employees, and agents disclaim any and all liability to me for personal injury or property damage arising, directly or indirectly, from any activities as a volunteer. I grant permission to Washington County Humane Society, DBA PAWS & More to use any photographs, videos or any other record of my activities for any purpose. I acknowledge that I am not an employee of Washington County Humane Society, DBA PAWS & More and am not entitled to any benefits of employment.

I do not have any physical or health problems that will affect my ability to undertake the activities. I acknowledge I am individually responsible for obtaining all necessary vaccinations recommended by the applicable health department for undertaking those volunteer activities. If any part of this waiver is deemed unenforceable, all other parts shall be given full force and effect.

Name: _____

Address: _____

City/State/Zip: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Reason for Service:

☐ One-Time Volunteer

☐ On-Going Volunteer

☐ Group Activity

Name of Organization: _____

Group Contact Name: _____

Phone: _____

Email: _____

Organization Address: _____

☐ Court Ordered Community Service

☐ Other _____

In signing this Waiver, I acknowledge and represent that I have read the forgoing, understand it, and sign it voluntarily as my own free act and deed, or as legal guardian of an individual(s) or minor(s); no oral representations, statement, or inducements, apart from the forgoing written agreement, have been made and I am fully competent to execute this document. I understand that I may seek independent advice prior to signing this Waiver.



Please sign here: _____ **Date:** _____

Witness: _____ **Date:** _____