



VOLUNTEER RELEASE, WAIVER AND INDEMNIFICATION

The undersigned volunteer, his/her parent(s) or legal guardian, if under the age of 18 years, does/do hereby execute this release, waiver, and indemnification for himself/herself/themselves and his/her/their/theirs, successors, representatives, and assigns, thereby agree to the following:

- To forever release *For The Love Of Paws Senior Pet Sanctuary, Inc*, its members, employees, representatives, and friends from any and all liability, loss, damage, cost, claims, and/or causes of action, including, but not limited to, all bodily injuries and property damage arising out of participation in animal rescue/rehabilitation/adoption/therapy activities, it being specifically understood that said activity includes the handling of companion animals by the undersigned participant (also handling in the pens, runs, cages, and foster homes). The undersigned person(s) further agrees to indemnify *For The Love Of Paws Senior Pet Sanctuary Inc*, it's members, employees, representatives, and friends: and hold them harmless for any liability, loss, damage, cost, claim judgment or settlement which may be brought or entered against them as a result of the undersigned person's participation in aforesaid activity.

This waiver shall remain valid unless expressly revoked by the volunteer or parent(s) or guardian(s) of a minor volunteer. The revocation shall be in writing which shall be delivered to the provider and shall become effective thirty (30) days after its delivery to the provider.

- In the case of any activity performed on behalf of *For The Love Paws Senior Pet Sanctuary Inc* on property or premises not belonging to *For The Love Of Paws Senior Pet Sanctuary Inc* this waiver executed by participants or parent(s) or guardian(s) of a participant shall apply to ALL rescue/rehabilitation/ adoption/volunteer/therapy activities in which the participants(s) is/are involved in the next succeeding twelve (12) month period unless earlier expressly revoked in writing. The revocation shall become effective thirty (30) days after its delivery to the provider.

- The undersigned(s) should maintain all medical and health insurance needed to cover all risks of ANY KIND in any place in livestock, equine, canine, feline, and/or other activities. This insurance is to be held on all family members especially minors or aged.

- I have never been convicted of animal cruelty, neglect or abandonment and I will update this statement as changes occur.

I, the undersigned volunteer, will practice all safety rules and ensure myself that all equipment is in good condition, whether owned, loaned, or borrowed at all times.

Therapy Dog/Pet Volunteers will maintain and adhere to all *Alliance Of Therapy Dogs* rules, regulations and policies at all times and will represent *For The Love Of Paws* during all Therapy Dog (Pet) visits.

Volunteer's Name: (Print Name) _____

Volunteer's Signature: _____ Date: _____

Signature of Parent/Guardian if Volunteer is a Minor _____ Date: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Phone: _____

Relationship: _____

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Signature of FTLOP Representative: _____ Date: _____