

ACTion Programs for Animals (APA) Volunteer Waiver & Liability Release

Name: _____ Phone #s (home:): _____ (cell): _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____ Guardian (if under 18 yrs.): _____

Animal-welfare areas of interest: _____

Are you bilingual? _____ Previous volunteer experience: _____

Volunteer Responsibilities

- I will always act in a professional, respectful manner; I agree to be courteous to all persons with whom I come into contact with during the course of my volunteer work with APA.
- I will attend to all my scheduled assignments; however, I will contact APA if I am unable to fulfill my volunteer role so the organization can get someone else to cover for me or replace me.
- I will be safety conscious at all times.

Waiver & Liability Release

I release and forever discharge and hold harmless APA and its successors from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which may arise from my volunteer work. I assume all associated risks in my duties and understand and acknowledge that this release discharges APA from any claim that I may have against the organization with respect to personal injury, illness, death or property damage that may result from my participation in volunteer activities. I also understand that APA is not liable for my medical expenses.

This release applies even though liability may arise out of negligence or carelessness on the part of those discharged, including APA officers, employees, agents, partners, and other volunteers.

Visual/Audio Image Release

I grant APA all right, title and interest in any and all photographic images, video and audio recordings made by the organization during my volunteer work and in which I may appear.

Use of Private Vehicle for APA Volunteer Duties

I certify that I have a minimum of state-required automobile liability insurance in place for my personal vehicle. I understand that in the event of an accident while carrying out my APA volunteer duties, my own insurance will be used to pay for damages, including those of my own vehicle.

I am at least 18 years of age and competent to sign this release. I understand its contents and I freely accept the terms. If I am under 18, my adult guardian must also sign and approve of my volunteer role in APA.

Signature: _____ Date: _____

Signature of adult guardian (if applicable): _____

Who to contact in case of emergency (name/telephone #s): _____