



## CONSENT AND GENERAL RELEASE FORM / VOLUNTEER WAIVER

Thank you for volunteering with Vet Care Pet Clinic and Vaccination Services (Vet Care). In order to protect our organization, clients and their pets, we ask that you sign this waiver.

Although every attempt will be made to ensure your safety, animals are by their nature unpredictable in behavior. Accordingly you, as a volunteer agree to the following conditions:

I further understand that there are possible risks associated with my volunteer activities, including the risk of personal injury resulting from animal bites, kicks, and other animal behavior.

1. I, [REDACTED] am fully aware of the risks and hazards connected with the visiting and possible handling of "all animals" and that my participation with Vet Care and hereby agree to hold Vet Care, its officers, directors, employees, and other volunteers forever harmless for any injury whatsoever that I may suffer as a result of my volunteer activities with Vet Care. This includes but is not limited to dog bites, scratches, communicable illnesses or pests contracted from any animal. I further understand that there are possible risks associated with my volunteer activities, including the risk of personal injury resulting from animal bites, kicks, and other animal behavior.
2. I also agree to hold Vet Care, its officers, directors, employees, and other volunteers forever harmless for any and all personal injuries sustained on the premises of 12453 Valley View St. Garden Grove, CA 92845 and all partnered Vet Care Mobile Clinic Locations regardless of cause or negligence on the part of Vet Care, its officers or the owner of the above named property as well as any place outside the above named property while volunteering for Vet Care.
3. I am aware that as a volunteer of Vet Care I am acting as a representative of the organization and agree to act responsibly at all times by maintaining a professional demeanor and protecting the organization's animals from any harm by practicing common sense and care while they are in my possession.
4. Volunteer does hereby grant Vet Care the right, title, and interest in any and all photographs, images, and video, audio recordings made by Vet Care during the Volunteer's activities with Vet Care, including but not limited to any royalties, donations, proceeds, or other benefits derived from such photographs or recordings. Volunteer further permits Vet Care to publish said images,

recordings, and videos, at will on the website and in other media for advertising and other use as Vet Care deems appropriate.

5. The Volunteer desires to provide volunteer services as determined by Vet Care. Volunteer understands that no compensation is expected in return for services. The Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer services.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Volunteer Name: \_\_\_\_\_ Signature \_\_\_\_\_

Parent/Guardian Signature (if under 18) \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name & Phone:

\_\_\_\_\_

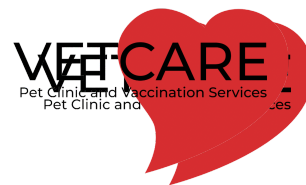
Expected Volunteer Time Period (Optional):

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ or

HOURS TO BE COMPLETED: \_\_\_\_\_

Vet Care Representative Name & Signature:

\_\_\_\_\_ Date \_\_\_\_\_



Volunteer Hours for:

\_\_\_\_\_

Date	Time In - Time Out	Signature