

**VALLEY HUMANE SOCIETY
VOLUNTEER PROGRAM**

Agreement of Waiver of Liability

I, _____, hereby agree to accept a position as a volunteer worker of Valley Humane Society (herein after referred to as the Shelter), and in doing so, agree to comply with all the rules and regulations established by the Shelter, and I understand that failure to do so may result in my immediate termination as a volunteer. As a volunteer, I agree to do my best to represent the Shelter to the public in an accurate and professional manner. I have agreed to accept such appointment subject to receiving the training provided in the program and understand that my participation is purely voluntary, without compensation; participation may be withdrawn or denied at the discretion of the shelter. I recognize that in handling animals and performing other volunteer tasks, there exists a risk of injury including physical harm caused by the animals. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify and hold harmless, its agents, servants, and employees from any and all claims, causes of actions, or demands, of any nature of cause, including costs and attorney fees incurred by the Shelter in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services for Valley Humane Society, including but not limited to animal bites, accidents, or injuries.

I understand that public relations are an important part of volunteering at the Shelter. On behalf of myself, my heirs, personal representatives, and executors, I hereby allow Valley Humane Society to use any photographs taken of me for use in public relation efforts.

Volunteer signature

Date

Parent/legal guardian signature

(if volunteer under 18 years of age)

Date

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Tetanus Waiver

Valley Humane Society feels it is important for all volunteers to be current on their tetanus vaccination if they will be handling animals as an VHS volunteer. If a volunteer has questions about the tetanus vaccination, he or she is encouraged to consult a physician, at the volunteer's own expense, to decide whether or not to be vaccinated against tetanus.

I, as the legal parent or guardian, have read, understand and agree to the above tetanus waiver.

Furthermore, I release the Valley Humane Society from all responsibility that may occur because of my child not being vaccinated against tetanus and I understand that whatever decision I make regarding vaccinations for my child is at my own risk.

Volunteer signature

Date

Parent/legal guardian signature

(If volunteer under 18 years of age)

Date
