**VOLUNTEER LIABILITY RELEASE FORM**

**HUMANE SOCIETY & SHELTER – SOUTHCOAST**

**31 VENTURA DRIVE**

**NORTH DARTMOUTH, MA 02747**

**508-995-6661**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, desire to volunteer for the Humane Society & Shelter – SouthCoast (hereinafter referred to as “HSSSC”). I understand that volunteers are taken at the sole discretion of the HSSSC. If accepted as a volunteer, my signature below indicates that I have read, understand and agree to the following:

1. I will treat all animals, staff, and other volunteers with respect and work as a team with others.
2. I will abide by all HSSSC policies and procedures and follow the direction of the HSSSC employees.
3. I agree to be supervised by HSSSC employees and will report any problems that arise directly to a designated supervisor.
4. I understand the possible risk of bringing home illness from the shelter to personal pets or family members and must have current vaccinations for animals at home. I understand the shelter shall not be responsible for any medical costs if this situation should arise.
5. I recognize and understand that my volunteer activity may, in some situations, involve inherently dangerous activities. I assume all risks of participating in this volunteer activity. Friends or relatives are not allowed to accompany me in my volunteer duties.
6. I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of the HSSSC. This means that I am not an employee under the Workmen`s Compensation Statute and am not entitled to benefits under the law. The Town will not provide insurance coverage for me. I am insured by my own insurance carrier for personal liability and personal injury.
7. I am current on my tetanus vaccination.
8. I authorize the HSSSC to seek medical treatment for me in case of accident, injury, or illness.
9. I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity.
10. I, binding my heirs, executors, administrators and assigns, hereby agree to release and forever discharge and hold harmless the HSSSC, it`s directors, officers, employees, and agents from and against any and all loss, damage, expense or cost (including attorney fees) of any kind for injuries (including property damage, personal injury, illnesses, disability and death) arising out of or connected in any way to my participation in this volunteers activity; whether caused by the negligence of the HSSSC or otherwise.
11. If I fail to abide by the terms of this agreement or am otherwise unable to meet the requirements of the volunteer program, which are subject to change from time to time, I understand that I may at any time be removed from my position as a volunteer at the sole discretion of the HSSSC.
12. I understand that public relations are an important part of volunteering at the HSSSC. On behalf of myself, my heirs, personal representatives and executors, allow the HSSSC to use any photographs, films, videotapes or other visual representations taken of me in volunteer services for use in public relations efforts.
13. I agree that the President of the Board of Directors and the Executive Director of the HSSSC are the only authorized representatives to speak to members of the press.

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Signature Date