

## **VOLUNTEER AGREEMENT**

Send to: PO Box 653, Jefferson City, TN 37760

In Consideration of this opportunity to volunteer for the Humane S	Society of Jefferson
County Animal Shelter (HSJC) I,	agree to the
following terms and conditions, intending to be legally bonding to them	:
<ol> <li>I will abide by the mission, rules, regulations, policies and prowhile I am a volunteer.</li> </ol>	
<ol><li>My primary customers are the "animals" at the shelter and the humane treatment are foremost in the performance of all HSJC</li></ol>	_
<ol> <li>I will not engage in any unsafe, illegal, or unethical activities HSJC volunteer.</li> </ol>	whiles serving as an
<ol> <li>As a condition of volunteering, which I acknowledge to be adec also agree to hold the HSJC harmless and enter into an additio in addition to this volunteer agreement.</li> </ol>	
The above conditions have been reviewed with me and I understand them is sufficient grounds for the Humane Society of Jefferson Coumplement my removal as a volunteer. By signing below I agree to all the as a volunteer for the Humane Society of Jefferson County.	unty to request and
Signature of Applicant	Date
Signature of Parent or Guardian	Date
Volunteers who are under the age of 18 must have parental approval	



## RELEASE FROM RESPONSIBILITY AND WAIVER OF LIABILITY

Send to: PO Box 653, Jefferson City, TN 37760

Print Name
Address
I,
I hereby release and forever discharge the HSJC from all liability for any and all claims, demands, actions, causes of actions or suits of any kind whatsoever, and particularly on account of any injuries to person or property sustained while performing services, voluntary or otherwise, on behalf of, or in conjunction with HSJC which occurs as a result of participation in any event or activity sponsored or endorsed by HSJC including, but not limited to , any event or activity promoted in connection with HSJC and travels to and from any such event.
I further acknowledge that I have no medical restrictions preventing my voluntary services for the HSJC and that if I become aware through any means of any such medical restrictions that I will immediately discontinue such volunteer services until given medical clearance to resume.
I further acknowledge that by performing volunteer services for the HSJC that I am not covered by nor able to make any claims for coverage under the HSJC workman's compensation of liability insurance policy should I become injured as a direct or indirect result of my voluntary service for the HSJC. I recognize and fully comprehend the existence of certain risk created by performing volunteer services with animals confined at the HSJC Animal Shelter. Those risks include, but may not be limited to, animal bites, accidents, injuries, or personal property damage.
I further agree to indemnify and hold the HSJC harmless from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, that may arise which are attributable to my volunteer services for the HSJC and which may result from any actions or omissions of the HSJC, regardless of whether those actions or omissions be reckless or negligent in nature.
I acknowledge that this release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital. I further state that I have carefully read the foregoing RELEASE FROM RESPONSIBILITY AND WAIVER OF LIABILITY and know the contents thereof and voluntarily sign this release of my own free act.
Applicant Signature Date
Witness Signature