

GLOUCESTER-MATHEWS HUMANE SOCIETY GROUP VOLUNTEER SERVICE RELEASE

Name of School and/or Organization _____

Leader's Name _____

I agree to release, discharge, indemnify and hold the Gloucester-Mathews Humane Society harmless for any and all damages to my personal property while performing as a VOLUNTEER in a VOLUNTEER CAPACITY any and all duties for the GMHS. I recognize that there exists a risk of injury or sickness, including personal injury or harm in handling animals at the GMHS in a volunteer capacity. I acknowledge that I am not to handle the animals unless I have been instructed to do so. I recognize there are certain chemicals that I may come in to contact with including, but not limited to, chlorine bleach, canine and feline dips, powders and shampoos. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify, and hold harmless the GMHS, its agents, affiliates, employees and Board of Directors from any and all claims, causes of action or demands, or any nature or cause connected with the Volunteer Services. This is to include any costs and attorneys fees incurred by the GMHS related to damages incurred or sustained by me in any way in connection with my Volunteer Services. Such damages or injuries might include, but are not limited to animal bites, accidents, injuries and personal property damage.

I further understand that public relations are an important part of volunteering at GMHS. I agree, therefore, on behalf of myself, my heirs, personal representatives, and executors to allow the GMHS to use any photograph or video taken of me for use in a public relations effort. Any photographic images or videotapes in which I appear will become the property of the GMHS which can use them in any and all ways it sees fit. The GMHS will use reasonable efforts to notify me but such notification is not a pre-condition to the release of the photographs under the auspices of the GMHS.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THE VOLUNTEER SERVICES RELEASE AND THAT I WILL COMPLY WITH THE SAME.

Volunteer's Signature _____ Date _____

(If Volunteer is under the age of 18, a parent or legal guardian's signature is required)

Parent or Legal Guardian _____ Date _____