

Animal Alliance of Greater Syracuse Volunteer Waiver and Release of Liability



This is a legal document - please read carefully and be sure you understand it before signing.

I, (PRINTED NAME) _____, have voluntarily applied to assist Animal Alliance of Greater Syracuse (AAGS) with the work referenced in the Position Description(s) for my volunteer role(s), and as specified in the Volunteer Agreement I signed. By applying for and performing this volunteer work, I agree as follows and have initialed each item to indicate that agreement:

I am aware that this is a contract between AAGS and me and that it waives legal rights that I may have now or in the future and releases AAGS and others from claims for damages.

I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH FULL KNOWLEDGE OF THE TASKS INVOLVED. I AGREE TO ACCEPT ALL RISKS ASSOCIATED WITH MY PARTICIPATION, INCLUDING BUT NOT LIMITED TO INJURY AND ILLNESS.

I understand there are risks and dangers associated with working with wild, feral and domesticated animals, including but not limited to bites, scratches, zoonotic diseases (diseases transmitted from animals to humans), and allergic reactions. I also understand there may be risks involved with exposure to certain chemical cleaning products while performing my volunteer duties. I fully understand and accept those risks and dangers.

I fully assume all the risks involved with my volunteer activities, and acknowledge that they are acceptable to me. I agree to use my best judgment in undertaking these activities. I also agree to follow the rules and safety instructions as given by AAGS volunteers authorized to act in a supervisory capacity.

I agree that I will not sue, prosecute, or in any way make a claim against AAGS for injury to me or damage to my property resulting from the negligence or other acts, howsoever caused, by any employee, agent, volunteer or contractor of AAGS or other people as a result of my volunteer duties.

I fully and forever release and discharge AAGS from any and all actions, causes of action, claims, liabilities, or demands I have or may have in the future, whether known or unknown, for injury, illness, death or damage arising out of or related in any way to my volunteer duties.

I agree that AAGS may use my name, and pictures, photographs, or video and/or sound recordings of me on television, on radio, on the internet, in emails, and in stories, news articles, advertisements, or other written or digital materials. I agree that such uses may include education, advocacy and fundraising. I consent to, authorize, in advance, such use, and agree that AAGS does not have to notify me of such use or provide me with other consideration for such use. I waive any rights of privacy and/or publicity I may have in connection with these uses.

Volunteer Waiver and Release of Liability (cont'd)

___ I am voluntarily participating in this activity with full knowledge of the tasks involved. I agree to accept all risks associated with my participation, including but not limited to injury and illness.

___ I agree that the rights I am giving up and agreements I am making apply equally to me and to my heirs, successors, assigns, guardians and legal representatives. I agree that none of those individuals may make any claim or take any action that I could not make or take myself. ___ I agree that this Waiver and Release of Liability protects and is for the benefit of AAGS and also for its affiliates, and their respective employees, officers, directors, consultants, interns, volunteers, licensees, and all others acting on their behalf. I also agree that I may not make any claim or take any action against any of those affiliates or individuals that I could not make or take against AAGS itself.

___ I intend to fully and voluntarily waive any rights I have as described in this Waiver and Release of Liability. To the extent that legal consideration is required for this Waiver and Release of Liability to be effective, I agree that I have received good, valuable and sufficient consideration by being permitted by AAGS to provide volunteer service and to receive training and instruction.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS AND ACCEPT AND SIGN IT OF MY OWN FREE WILL.

Printed Name of Volunteer

Signature of Volunteer

Date

To return this completed form you may:

- * Email it to: info@aagscny.org
- * Mail it to us at AAGS, PO Box 94, Liverpool, NY, 13088.

For more information, please email: info@aagscny.org
or visit www.animalallinaceofgreatersyracuse.org.

For AAGS Use Only:

Dates Waiver & Release of Liability was:

Received _____ Reviewed _____ Initials _____

Dates Publicity Release was Accepted _____ or Denied _____

Received _____ Reviewed _____ Initials _____

If denied, add name to list of *Permission Not Granted*.

Date name was added to list _____ Initials _____