VOLUNTEER RELEASE FORM

We encourage volunteer participation of those people who have a desire to support our Mission Statement and are willing to be trained.

Mission Statement

To enhance the quality of life and alleviate suffering of companion animals by providing multidisciplinary, state of the art veterinary care; fostering the owner-companion animal-veterinarian bond; and increasing the awareness of veterinary specialty care. These goals will happen in a work environment that is profitable and personally fulfilling.

I, _______________________________________________, agree to act as a volunteer for Veterinary Specialty Hospital (VSH). I acknowledge and agree that activities performed by me as a volunteer will be performed strictly on a volunteer basis, without any pay, compensation or benefits, including without limitation, worker’s compensation benefits. I agree to comply with the rules and regulations established from time to time by VSH and understand my failure to do so may result in my immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by me as a volunteer and recognize that in handling animals and performing other volunteer tasks, a risk of harm, injury, illness or disease exists, including physical harm, illness or disease caused by animals. I agree that all volunteer activities are to be performed by me at my risk and I assume full responsibility therefore.

I understand that public relations are an important part of volunteering at VSH. I consent and authorize VSH to use any photographs taken of me for public relations purposes.

In consideration for permitting me to provide volunteer services to VSH, on behalf of myself, my heirs, personal representatives, and executors, and any others who may claim through me, I agree not to hold or to attempt to hold Veterinary Specialty Hospital, their officers or employees from any death, injury or damage sustained or incurred by me arising out of or in any way connected with my activities as a volunteer for VSH and thereby release and discharge VSH, their officers and employees from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by me.

__________________________________            ______
(Signature of Volunteer)                        (Date)

__________________________________
(Printed Name of Volunteer)

PARENT/LEGAL GUARDIAN (if Minor):

__________________________________
(Parent/Legal Guardian Signature)        (Parent/Legal Guardian Printed Name)

__________________________________            ______
(Signature of Volunteer Coordinator)                        (Date)

(Printed Name of Volunteer Coordinator)