

## **The Clatsop County Animal Shelter Waiver, Release, and Indemnification Agreement**

This agreement is entered into with Clatsop County jointly by the undersigned \_\_\_\_\_ (print your name), in order to permit the Volunteer to participate in the Volunteer program. This Agreement is for the benefit of CCAS and each of its staff members, employees, officers, directors, agents, and representatives (known individually as an "Indemnitee" and collectively as "Indemnitees").

Volunteers have been advised that the activity of working with the shelter animals is hazardous and involves contact with animals that are unpredictable. As such, Clatsop County cannot be held liable for injuries or accidents that may occur as a result of working with the animals. Volunteers understand that the following are some, but not all, of the risks associated with working with shelter animals:

- Bites or scratches from dogs, cats, rabbits, rodents, and birds
- Being knocked down or pulled excessively by a dog
- Injuries relating to wrist/hand/fingers from a dog leash
- Slips/trips/falls resulting from wet floors/kennels or equipment
- Hitting heads on objects such as cage doors/kennel walls/hose boxes, etc.
- Water or cleaners sprayed in eyes
- Injuries resulting from cage doors, equipment, etc.
- Flea/tick bites or ring worm infestation
- Internal or external parasites
- Zoonotic illnesses (human illness contracted from animals)
- Animal illness exposure to animals at home
- Injuries related to lifting animals, food, litter, or equipment
- Injuries caused from grooming equipment-such as clipper blades, shears, driers
- Exposure to cleaners, latex gloves, bleach, parasite control products
- Exposure to or incidents relating to the public (outbursts, inappropriate contact)
- Exposure to or incidents relating to the volunteers (outbursts, inappropriate contact)
- Loss of personal property
- Any type of damage to car while parked on CCAS grounds
- Damage to clothing from animals, cages, chemicals, etc.

Volunteers are aware that injuries, loss of or damage to personal property, and death may occur as a result of Volunteer's participation at the shelter. Volunteers agree that Clatsop County and Indemnitees shall not be held responsible or liable for any personal injury or other injury, including death; damage, loss, or expense to Volunteer or his/her property, whether or not such injury, death, damage, loss, or expense is caused by negligence of Clatsop County, any Indemnitee, or a third party.

Volunteers and their heirs, executors, and administrators agree to hold harmless each Indemnitee against any and all manner of legal actions, such as suits, debts, claims, or liability of any kind incurred while the Volunteer participates at the shelter.

Volunteers fully, completely, and unconditionally waive and release each Indemnitee from all rights, liabilities, duties, claims, charges, demands, actions, damages, costs, attorney fees, or expenses of any kind that Volunteers may have now or in the future against Clatsop County or any Indemnitee relating to participation at the shelter.

Volunteers represent and warrant that he/she is physically and mentally fit to safely work with animals and public at the shelter. Should an accident or other medical emergency occur while

participating at the shelter or while Volunteer is en route to or from Clatsop County Animal Shelter-sponsored events and CCAS staff members are unable to timely reach Emergency Contacts for medical authorizations, then Volunteer hereby gives consent for CCAS staff members to authorize medical treatment.

Volunteer represents and warrants that Volunteer has current medical insurance coverage and agrees to be responsible for any and all billings and debts incurred with respect to such medical treatment or services.

Volunteers represent and warrant that each of them has the authority to enter into this agreement.

If any provision of this Agreement is found to be unenforceable in any way, it shall be enforced to the maximum extent possible and all other provisions of this Agreement shall remain in full force and effect.

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Parent Signature if volunteer is under 18:

\_\_\_\_\_  
(Signature)

Daytime telephone number(s): \_\_\_\_\_

Evening telephone number(s): \_\_\_\_\_

Emergency contact/number: \_\_\_\_\_

**Medical Information:**

\_\_\_\_\_  
(Name of insurer)

\_\_\_\_\_  
(Policy Number)

\_\_\_\_\_  
(Insurer's telephone number)

\_\_\_\_\_  
(Physician's name)

\_\_\_\_\_  
(Physician's telephone number)