

Volunteer Informed Consent and Waiver of Liability

I understand there are inherent risks in being near, handling, walking, or petting any animals, and that even generally well-behaved animals can become aggressive without warning. These risks may be greater with respect to animals at the Humane Society of Polk County, Inc. The Humane Society has little or no history on the animals in its care and does not attest to the temperament of the animals. There are dogs and cats at the Humane Society that are known or believed to have bitten people. I understand that as the Humane Society maintains a no-kill shelter, animals with a history of biting are not destroyed, except as a last resort after an animal is determined to be hopelessly vicious, a permanent and serious hazard to people, or emotionally unhealthy and suffering.

Although reasonable efforts are made to monitor the health of the Humane Society animals, they can contract contagious diseases and can carry diseases for which they do not show symptoms. Germs can be carried home by a volunteer to his/her pet or family members. If your pets are very young or have chronic health problems, you should discuss these risks with your private veterinarian before volunteering. If you have chronic health problems, you should discuss the risks from animal disease with your personal physician before volunteering.

Having read and understood the above, I release and agree to hold harmless the Humane Society of Polk County Inc, its agents, employees and other volunteers, from and against any and all loss, personal injuries, property damage, claims, liability, costs and expenses of any nature whatsoever, including, without limitation, attorney's fees and disbursements (collectively, "Losses"), arising from or occasioned by my participation as a Humane Society volunteer, whether at a the Humane Society shelter or an offsite location, including any Losses arising out of any negligence of the Humane Society of Polk County Inc, or its agents, employees, or other volunteers. I also agree not to sue or actively support any legal action against the Humane Society of Polk County, Inc, its agents employees or other volunteers, in connection with any Losses arising from or occasioned by participation of any person as a Humane Society volunteer at a Humane Society shelter or any offsite location.

I certify that I have health insurance that would cover any injury received while participating as a Humane Society volunteer, and to the extent any of my medical expenses are not covered by insurance, I agree to responsible for my own medical bills. To the best of my knowledge, I do not have any animal-related allergies or other medical or psychological condition that would make it inappropriate or dangerous (for myself, the animals or others) for me to participate as a Humane Society volunteer. In the event I require medical care on an emergency basis, I authorize the Humane Society of Polk County, Inc, its agents, employees or other volunteers to seek such care on my behalf and at my expense.

I agree to abide by the Humane Society of Polk County, Inc, policies and safety rules as in effect from time to time while serving as a volunteer. I acknowledge that the Humane Society may terminate my services at any time and for any reason or no reason.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Printed name of Volunteer

\_\_\_\_\_  
Date