

RELEASE



1. I understand that I may be handling animals while providing my volunteer services for Spay Neuter Assistance Program, Inc., (SNAP) and therefore there exists a risk for personal injury. On behalf of myself, my heirs, personal representatives, and executor, I release, discharge, indemnify and hold harmless Spay Neuter Assistance Program, Inc., its agents, servants and employees from any and all claims, causes of action or demands of any nature or cause connected with my volunteer contract. This could include any costs, attorney's fees and court costs incurred by Spay Neuter Assistance Program, Inc., in connection with my volunteer services based on damages or injuries which I may incur in any way while volunteering. Such damages are not limited to but may include animal bites, accidents, injuries and personal property damage.
2. I agree to release, discharge, indemnify and hold Spay Neuter Assistance Program, Inc., harmless for any and all damage to my personal property while providing my services on a voluntary basis to Spay Neuter Assistance Program, Inc., its agents, servants and employees.
3. I understand that public relations are an important aspect of volunteer work at Spay Neuter Assistance Program, Inc. I, therefore, agree on behalf of myself, my heirs, personal representatives, and executors to allow Spay Neuter Assistance Program, Inc. and its agents to use any photographs, video or film taken of me for use in public relations efforts. Spay Neuter Assistance Program, Inc. will use all reasonable efforts to notify me but notification is not required for the photographs, video or film to be used for public relations purposes.

I (Print Name) _____ **HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS OF THIS VOLUNTEER AGREEMENT AND I WILLINGLY COMPLY WITH ALL OF ITS CONDITIONS.**

Date

Volunteer Signature

(SNAP) Representative Signature

PARENT OR LEGAL GUARDIAN RELEASE (Volunteers 18 or younger)

As the parent or legal guardian of the above volunteer, I give my full consent to allow my child or ward to volunteer services for Spay Neuter Assistance Program, Inc. and its agents as described in the above volunteer contract. I have read and fully understand the terms and conditions in this volunteer contract. On behalf of myself and my child or ward, I agree to all the terms and conditions in this volunteer contract. On behalf of myself and my child or ward, I agree to all the terms and conditions outlined in this volunteer contract.

Parent or Guardian Signature

(Date)

(SNAP) Representative Signature