

**ANIMAL FRIENDS OF THE VALLEYS
RELEASE OF LIABILITY**

- 1.** I understand that I may be handling animals while providing my volunteer services for Animal Friends of the Valleys and their participating rescue partners and therefore there exists a risk for injury. On behalf of myself, my heirs, personal relatives and executor, I release, discharge, indemnify and hold harmless Animal Friends of the Valleys, its agents, servants, and employees from any 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 Animal Friends of the Valleys in connection with any volunteer services based on damages or injuries that I may incur in any way while volunteering. Such damages are not limited to but may include animal bites, accidents, injuries and personal damage.
- 2.** I agree to release, discharge, indemnify and hold Animal Friends of the Valleys harmless for any and all damage to my personal property while providing my services on a voluntary basis to Animal Friends of the Valleys, its agents, servants and employees
- 3.** I understand that public relations are an important aspect of volunteering work at Animal Friends of the Valleys. I therefore agree on behalf of myself, my heirs, personal representatives and executors to allow Animal Friends of the Valleys and its agents to use any photographs, video or film taken of me for use in public relations efforts. Animal Friends of the Valleys will use all efforts to notify me but notification is not required for the photographs, video or film to be used for public relations purpose

I, _____, have read and fully understand the terms and conditions of this volunteer agreement and I willfully comply with all of its conditions.

Date

Volunteer Signature

Parent or Legal Guardian Release
(Volunteers under the age of 18)

As a parent of legal guardian of the above named volunteer, I give my full consent to allow my child or ward to volunteer services for Animal Friends of the Valleys 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 outlined in this volunteer contract.

Date

Parent/Guardian Signature

Return this form to: Volunteer Coordinator/ AFV
33751 Mission Trail
Wildomar, Ca. 92595
951.471.8344 or fax 951.471.8285