



# Annual Volunteer & Liability Release

Complete this form at registration time. This form will be retained by the ASAP Volunteer Coordinator.

Name:		Birth Date:	Age:
Street Address:	City:	State:	Zip:
Phone:	Email:		

### Permission to Participate in Adoption and Special Events

Yes  No

Initials \_\_\_\_\_

- I am/My child is able to travel to, attend, and participate in activities sponsored by Adopt Shelter Animal Pets / West Richland (ASAP).
- I acknowledge and understand that as a volunteer of ASAP I am not covered by workers' compensation or any other insurance policy through ASAP for any damages or injuries I may sustain during volunteer activities. I understand that I am responsible for obtaining health insurance coverage through an independent health insurance company.
- I fully understand that as a part of my volunteer work for ASAP I will contact animals either by directly handling them, fostering or through assisting in their care and adoption. Further, I understand that working with animals carries a risk of injury, and that it is possible that I may be bitten, scratched, and/or otherwise injured.
- My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability ASAP or any of its past, present or future officers, agents, volunteers, employees or assigns, from all acts which are related to the normal performance of required and implied duties. My signature, whether original, by fax or any other electronic means, is valid as if it were an original signature.

### Permission to Use Photographs

Yes  No

Initials \_\_\_\_\_

- I understand that public relations are an important part of volunteering with ASAP. I therefore agree on behalf of my heirs, assignees, guardians, and personal and legal representatives, executors, and me to allow ASAP to use photographs and images taken of myself and or child in ASAP's public relations efforts and without payment.
- ASAP has permission to use photographs or images of myself or child and to include my name or child's name in materials that promote ASAP services or programs, or to publicize any event without payment or notification.
- I understand that I, or my child, may be participating in activities that could include public media such as radio, television, marketing, or internet coverage. I acknowledge that I have read and fully understand the terms and conditions of the foregoing Volunteer Waiver and Liability Release and, that as the legal parent or guardian or ASAP participant agree and will comply with the same.

### Permission for Emergency Medical Treatment

Yes  No

Initials \_\_\_\_\_

In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I authorize ASAP to seek medical treatment for my child, dependent minor, or ASAP participant by a licensed physician. I know of no reason(s) why my child or I may not participate in prescribed activities, with the exception as noted on the ASAP Health History Form.

If permission for emergency medical treatment is not given, prepare: 1) a signed statement providing the reason; 2) a release of liability; and 3) alternate instructions and attach to this form

### Tetanus Waiver

Initials \_\_\_\_\_

ASAP feels it is important for all volunteers to be current on their tetanus vaccination, if they will be handling animals as an ASAP volunteer. If a volunteer has questions about the tetanus vaccination, the volunteer is encouraged to consult a physician, at the volunteer's own expense, to decide whether to be vaccinated against tetanus. As the legal parent or guardian or ASAP participant, I have read, understand, and agree to the above tetanus waiver. Furthermore, I release ASAP from all responsibility that may occur because of myself or child not being vaccinated against tetanus, and I understand that whatever decision I make regarding vaccinations for myself or my child is at my own risk.

### Rabies Waiver

Initials \_\_\_\_\_

ASAP volunteers are advised to discuss a rabies pre-exposure vaccination series with a physician, at their own expense, before deciding whether to volunteer. As the legal parent or guardian, or ASAP participant I have read, understand, and agree to the above rabies waiver. Furthermore, I release ASAP from all responsibility that may occur because of myself or child not pursuing the pre-rabies exposure vaccination series. I understand that whatever decision I make regarding this vaccination for myself or child is at my own risk.

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### Special Accommodations

I/My child requires the following special accommodations: (write "none" if there are none): \_\_\_\_\_

### Health History

This health history is complete and accurate. I/My child have/has permission to engage in all prescribed activities, with the exception as noted by me/parent/guardian. In case of illness or injury, I/we give permission for myself/said child to receive first aid, and to receive emergency treatment from a licensed physician, emergency medical services, or other health care professional. It is understood that all reasonable efforts will be made to contact the parent, guardian, or emergency contact.

#### Check all that apply:

##### Allergies:

- Animals \_\_\_\_\_
- Food \_\_\_\_\_
- Peanut \_\_\_\_\_
- Hay Fever \_\_\_\_\_
- Insect Stings \_\_\_\_\_
- Medicine/Drugs \_\_\_\_\_
- Plants \_\_\_\_\_
- Pollen \_\_\_\_\_
- Other (specify): \_\_\_\_\_

##### Chronic or Recurring Illness:

- Heart Defect/Disease \_\_\_\_\_
- Seizures \_\_\_\_\_
- Bleeding/Clotting \_\_\_\_\_
- Asthma \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Restrictions Concerning Physical Activities: \_\_\_\_\_

Primary Care Physician:	Phone Number:
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<b>Emergency Contact</b>		
Name	Phone(s)	Relationship to Child/Volunteer/Participant
Name	Phone(s)	Relationship to Child/Volunteer/Participant

Parent/Guardian/Volunteer Name:			
Street Address:	City:	State:	Zip:
Phone:	Email:		

**Parent/Volunteer/Participant Agreement:** I have read and understand this annual volunteer and liability release. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to an official ASAP Representative.

Volunteer/Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized ASAP Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_