**VOLUNTEER WAIVER (MINOR)**

As the parental/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (minor name); my initials below verify my agreement to allow said minor to execute this WAIVER.

I hereby agree that if I am accepted as a volunteer for the Humane Society of Northwest Louisiana, Inc. (the “Society”), I agree to comply with all of the rules and regulations which may be established from time to time by the Society. I understand that failure to comply with the rules and regulations of the Society may result in my immediate termination as a volunteer. **\_\_\_\_\_\_\_\_\_\_\_\_parent/guardian**

I understand and agree that if accepted as a volunteer, all services performed by me will be performed strictly on a voluntary basis, and that I will receive no remuneration, pay or compensation of any kind; that I will not be an employee of the Society nor otherwise derive any benefits normally available to employees. I understand that the Society shall not incur any liability of any nature as a result of my volunteering for the Society. **\_\_\_\_\_\_\_\_\_\_\_\_parent/guardian**

I acknowledge that in handling animals and performing other volunteer related tasks there exists a risk of injury including physical harm or death, and that all services performed by me will be done at my own risk. **\_\_\_\_\_\_\_\_\_\_\_\_parent/guardian**

I acknowledge that if I transport animals on behalf of the HSNWLA, I will not hold HSNWLA responsible for any vehicle accident, or damage sustained as a result of carrying animals in my personal vehicle. I agree to carry the minimum car insurance as required by the state. **\_\_\_\_\_\_\_\_\_\_\_\_parent/guardian**

Therefore, on behalf of myself, my heirs, and personal representatives, I hereby release, discharge, indemnify and hold harmless the HSNWLA and its assigns, successors, agents, staff, officers, board of directors, contractors, employees, and representatives from any and all claims, causes of action, or demands of any nature of cause whatsoever, including costs of attorney fees, arising out of or relating to my volunteering with the Society, including, but not limited to animal bites, accidents, or injuries. **\_\_\_\_\_\_\_\_\_\_\_\_parent/guardian**

I understand that public relations are an important part of volunteering with the Society. I will not use my role as a volunteer to gain public attention in any manner; nor will I act or speak as if representing the HSNWLA without express consent of the Board of Directors. On behalf of myself, my heirs, and personal representatives, if accepted as a volunteer, I give the HSNWLA permission to use and publish photographs taken of me as a volunteer for use in its public relations efforts. **\_\_\_\_\_\_\_\_\_\_\_\_parent/guardian**

Furthermore, I understand that it is important to have a tetanus vaccination before joining the Volunteer Program team, and thus, I understand that it is important to discuss being vaccinated against tetanus with my physician. I therefore, release the HSNWLA from all injuries, claims or other loss that I may incur because of my not pursuing this matter and receiving a proper tetanus vaccination. **\_\_\_\_\_\_\_\_\_\_\_\_parent/guardian**

Agreed:

Minor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_

Name of group volunteering through: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor age/grade \_\_\_\_\_\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Contact telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: PRINT CLEAR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If part of group, leader of group must also execute:

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_