



Volunteer Waiver & Release

Thank you for joining the ACCT Philly Volunteer Team. We greatly appreciate your interest in and commitment to improving and saving the lives of Philadelphia's sheltered animals. This is a form whereby you agree to release the Animal Care and Control Team ("ACCT PHILLY") of all liability while working or serving as a volunteer, including as a foster parent, for ACCT PHILLY. By signing this form you (VOLUNTEER) also acknowledge receiving and agree to the terms in the Animal Care and Control Team's (ACCT Philly) Volunteer Manual (MANUAL) and release the use of your image in conjunction with your volunteering.

This Volunteer Release & Waiver of Liability (the "RELEASE") is executed on _____ (day) of _____ (month), _____ (year), by: _____ (print your name as the "VOLUNTEER") in favor of the Animal Care and Control Team, a Pennsylvania nonprofit corporation, their directors, officers, employees, and agents (collectively, "ACCT PHILLY") located at 111 West Hunting Park Ave., Philadelphia, PA 19140.

The VOLUNTEER desires to perform work as a volunteer for ACCT PHILLY and engage in activities related to being a volunteer (the "ACTIVITIES"). The VOLUNTEER understands that the ACTIVITIES may include working with and around animals of known and unknown origin, behavior and health status, working at fundraisers both on and off-site, and providing in-home foster care.

The VOLUNTEER hereby freely, voluntarily, and without duress executes this release under the following terms:

- Waiver & Release: VOLUNTEER does hereby indemnify, release and forever discharge and hold harmless ACCT PHILLY and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from VOLUNTEER'S ACTIVITIES with ACCT PHILLY. VOLUNTEER understands that this release discharges ACCT PHILLY from any liability or claim that the VOLUNTEER may have against ACCT PHILLY with respect to any bodily injury, personal injury, illness, death or property damage that may result from VOLUNTEER'S ACTIVITIES with ACCT PHILLY, whether or not caused by the negligence of ACCT PHILLY or its officers, directors, employees, or agents or otherwise. VOLUNTEER also understands that ACCT PHILLY does not assume responsibility for, or obligation to, provide any financial assistance, or other assistance, including but not limited to medical, health, or disability insurance in the event of an injury, illness or property damage.
- Medical Treatment: VOLUNTEER does hereby release and forever discharge ACCT PHILLY from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with VOLUNTEER'S ACTIVITIES with ACCT PHILLY.
- Assumption of Risk: VOLUNTEER understands that the ACTIVITIES include work that may be hazardous to the VOLUNTEER, including but not limited to working with animals of known and unknown behavior and health status, working in animal housing areas with wet surfaces and animal waste present, providing transportation, and lifting. VOLUNTEER hereby expressly and specifically assume the risk of injury or harm in the ACTIVITIES and releases ACCT PHILLY from all liability for injury, illness, death, or property damage, or other damages resulting from the ACTIVITIES.



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- Insurance: VOLUNTEER understands that ACCT PHILLY does not carry or maintain health, medical, or disability insurance for any volunteer. Each VOLUNTEER is expected and encouraged to obtain his or her own medical or health insurance coverage. Volunteer Accident Insurance *may* be provided by ACCT PHILLY which covers accidents involving volunteers at the facility or at off-site events. Volunteer Accident Insurance pays *costs incurred in excess of the VOLUNTEER'S personal policy*, up to the limits of coverage. *This insurance may be discontinued at any time, for any reason.*
- Other: VOLUNTEER expressly agrees that this RELEASE is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania and that this RELEASE shall be governed and interpreted in accordance with the laws of the Commonwealth of Pennsylvania. VOLUNTEER agrees in the event that any clause or provision of this RELEASE shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this RELEASE which shall continue to be enforceable.

I (VOLUNTEER) hereby have read, understood, agree to, and execute this release of my own volition:

VOLUNTEER NAME (PLEASE PRINT)

VOLUNTEER SIGNATURE

VOLUNTEER PHONE

PARENT OR AUTHORIZED GUARDIAN SIGNATURE (IF 18 OR UNDER)

PARENT OR AUTHORIZED GUARDIAN NAME (PLEASE PRINT)

DATE

ACCT PHILLY STAFF SIGNATURE & RECEIPT DATE

Please sign and return this document to:
ACCT Philly
ATTN Volunteer Manager
111 West Hunting Park Ave
Philadelphia, PA 19140