

Fox Valley HELPING PAWS Animal Welfare Association

WAIVER OF CLAIMS

Acknowledging that working with animals can be inherently dangerous and may cause situations where an incident could occur causing injury, harm, damage, and even death, the undersigned hereby acknowledges for and on behalf of the undersigned's benefit and all of the undersigned's successors and assigns, agents, representatives, attorneys, financial consultants, predecessors, spouses, heirs, principals, estates, beneficiaries, executors, administrators and all those acting by and through them (hereafter referred to as "Releasee"), does hereby release and forever discharge the Fox Valley Helping Paws Animal Welfare Association, an Illinois not-for-profit corporation and all of its officers, directors, estates, beneficiaries, agents, spouses, heirs, principals, representatives, administrators, executors, attorneys, financial consultants, predecessors, successors, assigns all of those acting for and on behalf (hereinafter referred "Releasor"), from any and all causes of action or claims, of whatever kind or nature, by reason of any matter, including by way of example only and not as a limitation any and all claims of whatever kind or nature, actual or imagined, asserted or which may be asserted by Releasee against Releasor arising out of being at the premises of the Releasor, representing Releasor at any offsite function on behalf of the Releasor and in furtherance of Releasee working at, with or in connection with Releasor, for whatever cause, manner or purpose including but not limited to the care, handling, feeding, bathing, or caring for the shelter animals.

The Releasee hereby acknowledges that he/she is at least 18 years of age. In the event the Releasee is under the age of 18, the signature of the parent or guardian of the Releasee shall be set forth below and such signature shall bind the Releasee and said parent or guardian to this Waiver of Claims. The Releasee hereby acknowledges that the signature of their parent or guardian is the true and actual signature thereof and the Releasee understands the terms of this Waiver and signs it of his/her free will and that Releasee intends to be bound by the terms and conditions set forth in this Waiver of Claims.

The Releasee hereby fully read and understands this Waiver of Claims, agrees to be bound by the conditions and terms set forth herein, and agrees that in the event there is a violation of any of the foregoing, Releasor may take whatever action it deems necessary to enforce this Waiver, and Releasee agrees to pay for any and all costs, of whatever kind or nature, including reasonable attorney's fees and costs, incurred by Releasor in connection with the enforcement of this Waiver of Claims or any of the terms contained therein.

This Waiver of Claims contains the entire agreement between the parties herein and the terms of this Waiver of Claims are contractual and not a mere recital.

Dated: \_\_\_\_\_ Releasee's Signature: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian Releasee's Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent or Guardian

Home Telephone # \_\_\_\_\_ Work Telephone# \_\_\_\_\_

Fox Valley HELPING PAWS Animal Welfare Association  
2500 Harding Lane – Woodstock, IL 60098  
(815) 338-4400

VOLUNTEER AGREEMENT

I hereby accept the volunteer role at Helping Paws for no monetary compensation. I understand that working in a shelter or with Helping Paws shelter animals at any location may expose me to certain risks inherent in animal caretaking, and I voluntarily accept those risks. While at Helping Paws, I agree to conduct myself at all times in a manner which minimizes any risk to myself or to the animals.

If I bring a minor child or children with me to the shelter or into the presence of any of the shelter animals, I do so with the knowledge that exposure of such minor(s) to the dangers that may accompany our service to Helping Paws will be at my own risk and that of the minor(s). I will supervise this minor child (or children) at all times in the shelter or elsewhere in the presence of shelter animals.

If I am pregnant, or suffer any physical problems that may be affected in any way by cleaning or other chemicals used in connection with my volunteership that may be detrimental to my health or the health of my fetus, I will temporarily cease any activity of my volunteer position that may be so detrimental.

I understand that the shelter manager has full operation control of shelter volunteers and has the authority to take whatever action is necessary in the case of a violation at the shelter of Helping Paws policy or procedure.

In the event I have a complaint or criticism about any facet of my volunteership or about Helping Paws policy or procedure, I agree to deliver such complaint or criticism in confidence, if necessary, to the shelter manager or President of the Board of Directors for handling through appropriate channels.

Signature of Volunteer: \_\_\_\_\_

Printed Name of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Home Telephone# \_\_\_\_\_ Work Telephone # \_\_\_\_\_