

## VOLUNTEER WAIVER, INDEMNITY AND CONSENT:

In consideration of being permitted to volunteer at The Farm Animal Hospital I, the undersigned, voluntarily agree to the following:

1. I agree to conduct myself in a courteous and professional manner as a volunteer and representative of TFAH, and I will treat all animals with the highest respect.
2. I agree to follow all TFAH policies and procedures and abide by all instructions from the staff.
3. I agree that my volunteering services to TFAH are performed on a volunteer basis without pay, without medical or workers compensation insurance and without compensation of any kind and all of my volunteering services are performed at my own risk. I agree that it is my responsibility to act in such a manner as to be responsible for my own safety while volunteering.
4. I authorize TFAH to contact the emergency contact on this application and seek emergency medical care in case of my accident, illness or injury.
5. I have disclosed all relevant medical conditions in this application and will advise TFAH of any changes (for example, pregnancy). I acknowledge that TFAH strongly recommends that I keep current with my tetanus and rabies immunizations and to advise my doctor that I may be handling animals. I agree that all inoculations, medical care and medications are my own responsibility and I release TFAH from all responsibility with respect to same.
6. I agree to keep confidential indefinitely all TFAH records and client/owner and pet information.
7. I agree that TFAH may refuse or terminate my participation in its volunteer program at any time.
8. I acknowledge the risks and dangers inherent in handling animals and otherwise volunteering with TFAH and I freely assume and fully accept these risks. I hereby waive any rights to a cause of action or future cause of action I may have against TFAH and its directors, officers, agents, employees, servants, representatives and assigns (collectively, "TFAH and its Representatives"), and release, discharge, indemnify and hold harmless TFAH and its Representatives from and against all claims, action, costs, expenses and demands, in respect of the following, not limited to death, injury, loss or damage to person or property, arising out of or in connection with my volunteering, howsoever caused, even if such loss or injury is caused by the negligence or default of TFAH and its Representatives.
9. I agree to this waiver, indemnity and consent on behalf of myself, my heirs, executors and assigns.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

(Print Name) \_\_\_\_\_

Witness: \_\_\_\_\_

(Print Name) \_\_\_\_\_

IF THE VOLUNTEER IS A MINOR, A PARENT OR GUARDIAN MUST SIGN AND AGREE TO THE ABOVE AS WELL AS TO THE CONDITIONS BELOW:

I, as the parent or guardian of the Volunteer, acknowledge that by signing this document, I am, in addition to the Volunteer, assuming the responsibility of educating and informing the Volunteer of the waiver, indemnity and consent and will be bound by the above terms as if same have been directly agreed to by me. Also, in consideration of TFAH permitting the Volunteer to volunteer for TFAH, I agree to save harmless and indemnify TFAH from any claims arising out of the actions of the Volunteer or made by the Volunteer while volunteering for TFAH.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

(Print Name) \_\_\_\_\_

Witness: \_\_\_\_\_

(Print Name) \_\_\_\_\_

**PRIVACY STATEMENT:** The Farm Animal Hospital respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up to date on the activities of The Farm Animal Hospital, including programs, services, special events, and opportunities to volunteer. As well, your information may be used to provide tax receipts, and keep you informed of other events in support of The Farm Animal Hospital. Unless otherwise instructed, your name may be used in other expressions of gratitude for your assistance to our organization. If at any time you wish to be removed from any list, simply contact us by phone at (780) 986-3269 or via email at [info@thefarmanimalhospital.ca](mailto:info@thefarmanimalhospital.ca) and we will gladly accommodate your request. Please allow 15 business days to allow us to update our records accordingly.