

Volunteer Agreement and Release of Liability

On this ____ day of _____, 20____, I hereby acknowledge that I have voluntarily applied to assist the ASPCA (without compensation) with _____ in a disaster and/or cruelty investigation situation to which the ASPCA is responding.

I AM AWARE THAT WORKING IN A DISASTER and/or CRUELTY INVESTIGATION SITUATION MAY BE HAZARDOUS, AND I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH FULL KNOWLEDGE OF THE NATURE AND DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

I recognize that I am not entitled to medical disability, life insurance coverage or any other compensation from the ASPCA and that I am required to carry my own medical and personal injury insurance (including, if applicable, veterinary professional malpractice insurance). I understand that I may at any time with or without cause be removed from my volunteer position at the sole discretion of the ASPCA.

While I acknowledge that I will not receive any compensation as a volunteer, the ASPCA will pay for the following if I submit the appropriate receipts after the disaster and/or cruelty investigation has ended:

[If none are not applicable, write "N/A" here] _____

Transportation to disaster and/or cruelty investigation via the ASPCA's travel agent or via your personally owned vehicle with a standard mileage reimbursement rate of \$.55 per mile.

Meal stipend up to \$_*_*_ per day. (*Varies based on location and operation)

Lodging will be arranged for, and covered by, the ASPCA.

As lawful consideration for being permitted by the ASPCA to assist in any disaster and/or cruelty investigation situation for which I volunteer my time, I hereby agree that I, my heirs, distributees, guardians, legal representatives, and assigns will: (a) keep confidential the location, and details of the disaster and/or cruelty

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investigation; (b) not make a claim against, sue, attach the property of, or prosecute the ASPCA for injury or damage resulting from the ASPCA or its affiliates, as a result of my voluntary assistance in any disaster and/or cruelty investigation situation; (c) release, indemnify, defend, and hold harmless the ASPCA from all actions, claims, or demands I, my heirs, distributes, guardians, legal representatives, or assigns may have for injury or damage resulting from my assistance in any disaster and/or cruelty investigation situation for which I volunteer my time, and (d) that this release shall remain in full force and effect unless and until I revoke it by providing written revocation to the FIR Responder Manager.

I HEREBY WARRANT THAT I (A) HAVE THE RIGHT TO ENTER INTO THIS AGREEMENT, (B) AM OVER EIGHTEEN (18) YEARS OF AGE, (C) HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT, (D) AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE ASPCA, AND (E) SIGN THIS OF MY OWN FREE WILL.

VOLUNTEER

ASPCA

PRINTED NAME

PRINTED NAME

SIGNATURE

SIGNATURE

- 1) Third-party volunteer signs
- 2) Return to Responder Manager at: FIR.Responder@aspca.org or ASPCA, 520 8th Ave. – 7th Floor, New York, NY 10018
- 3) Senior Vice President, Stacey Wolf or Vice President Tim Rickey will sign the original
- 4) The **original** will be held by the ASPCA Field Investigations & Response Team
- 5) One copy to the third-party volunteer
- 6) One copy to the third-party volunteer's supervisor