



CITIZENS FOR ANIMAL PROTECTION STATEMENT OF AGREEMENT

I agree to conduct myself in a courteous and professional manner as a volunteer and representative of CAP.

I agree to abide by all CAP policies and procedures.

I agree to be supervised by the Volunteer Services Coordinator of designee and will report any ideas, constructive comments, or problems that arise to the coordinator.

I authorize CAP to seek emergency medical care in case of accident, injury, or illness and to call the emergency contact on this application.

I agree that CAP does not assume any responsibility whatsoever for any property used or brought to the premises, and that I will take whatever steps necessary to protect personal property.

I understand that CAP is a non-profit operation and I'm donating my time because of my love and concern for animals.

I waive CAP of any and all liability for injuries while performing volunteer services. I understand that "CAP" includes all employees, volunteers, directors, and board members.

VOLUNTEER NAME (please print) _____

VOLUNTEER SIGNATURE _____

VOLUNTEER PHONE NUMBER _____

DATE _____

VOLUNTEER COORDINATOR _____



WORKGROUP TETANUS/NO TETANUS VACCINATION WAIVER

A tetanus shot is required before direct animal contact at Citizens for Animal Protection. By signing this waiver, I agree that on behalf of myself, my heirs, personal representatives and executors, I release, discharge, indemnify, and hold harmless Citizens for Animal Protection, its agents, employees, directors and board of directors from any and all claims, causes of action, or demands of any nature of cause, including costs and attorneys fees incurred by Citizens for Animal Protection in connection with the same, based on damages, or injuries which may be incurred or sustained by me in any way connected with my services for Citizens for Animal Protection including but not limited to animal bites, accidents, or injuries.

_____ I have had my tetanus vaccination

_____ I have NOT had my tetanus vaccination

DATE _____

SIGNATURE _____

PRINTED NAME _____

PARENT/GUARDIAN _____

WITNESS _____



RELEASE FOR PHOTOGRAPHIC AND DIGITAL IMAGES

For valuable consideration received, I irrevocably grant to Citizens for Animal Protection ("Owner") the right to distribute, transmit, publish, or copy, either in whole or in part, either digitally or in any other medium now known or later discovered photographs ("the Images") taken while on the CAP premises.

I understand and agree that the Images may be used and distributed without identifying me as their subject.

I release and discharge Owner and its agents, representatives, and assignees from any claim or cause of action, now known, or later discovered, for, among other things, invasion of privacy, right of publicity, and defamation arising out of the use and distribution of the Images.

I represent and warrant that I am over the age of eighteen years.

NAME _____

SIGNATURE _____

DATE _____

If I am legally underage, my undersigned parent(s) or legal guardian(s) hereby consents, jointly and severally, to the above on my behalf.

NAME OF PARENT OR GUARDIAN _____

SIGNATURE _____

DATE _____