Volunteer Waiver, Acknowledgement of Risk, & Release of Liability

Volunteer Name: _____

I, the above-named volunteer, enter into this Volunteer Waiver, Acknowledgement of Risk, and Release of Liability (hereafter "Waiver"), with the Darlington County Humane Society, Inc., ("DCHS"), in order to permit me to provide volunteer services. This Waiver is for the benefit of DCHS and each of its staff members, affiliates, employees, officers, directors, agents, attorneys, volunteers, and representatives (known individually as an "Indemnitee" and collectively as "Indemnitees").

By entering into this Waiver, I acknowledge that working with the shelter animals is hazardous and involves contact with animals that are unpredictable; and that volunteering can involve contact with other volunteers, the general public, and employees of, and other animals at, other entities (e.g., veterinarian offices, animal transport organizations). I acknowledge that the risks of physical or psychological injury or damage to personal property, economic loss, can include, but are not limited, to the following:

Physical injury from animals (e.g., bites, scratches, impacts)
Property damage from animals (e.g., clothing, vehicle interior)
Physical/Property damage from hazards in the shelter environment (e.g., wet floors, cleaning chemicals)
Zoonotic (i.e., you can catch it) disease exposure (e.g., scabies, ringworm)
Offsite disease transfer (e.g., I carry a disease home to my personal animals)
General injury/damage (e.g., car in the parking lot, lifting food/liter/cages/animals, vehicle collision)
Exposure to others (e.g., outburst, inappropriate contact)

I am voluntarily participating in the volunteer activities with DCHS and am participating entirely at my own risk. I am aware of the risks associated with these activities and have made the conscious decision to assume all related risks, both known or unknown to me, of my participation in these activities. I agree to indemnify and hold harmless each Indemnitee against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs if litigation arises pursuant to any claims made by me or anyone else acting on my behalf.

I acknowledge that I have carefully read this document prior to signing and that I had an opportunity to have it reviewed by an attorney of my choice. I further agree that jurisdiction and venue shall be proper only in Darlington County, South Carolina, for any dispute arising from the activities described herein or from this agreement, and that South Carolina law shall apply. If any provision of this Agreement is found to be unenforceable in any way, it shall be enforced to the maximum extent possible and all other provisions of this Agreement shall remain in full force and effect.

I represent and warrant that I am physically and mentally fit to safely work with animals and public at the shelter. I represent and warrant that each of them has the authority to enter into this agreement. **I agree to follow all rules, signage, and directions given by DCHS.**

Volunteer (signature): _____ Date: _____

Parent/Guardian (if volunteer is under 18)

Parent/Guardian Name (print): _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____