

# GENERAL RELEASE AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY

THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS



This Release and Waiver of Liability (the "Release") executed on this day of \_\_\_\_\_, by, \_\_\_\_\_ (the "Volunteer") in favor of Auburn Valley Humane Society, a nonprofit corporation, their directors, officers, employees, and agents (collectively, "AVHS"). The Volunteer desires that the Volunteer work as a volunteer for AVHS and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include minimal contact with animals, loud noises and noxious odors, and exposure to cleaning agents. The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

**Release and Waiver:** The Volunteer does hereby release and forever discharge and hold harmless AVHS and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with AVHS. The Volunteer understands that this Release discharges AVHS from any liability or claim that the Volunteer may have against AVHS with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with AVHS, whether caused by the negligence of AVHS or its officer, directors, employees, or agents or otherwise. The Volunteer also understands that AVHS does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**Medical Treatment:** The Volunteer does hereby release and forever discharge AVHS from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with AVHS or with the decision by any representative or agent of AVHS to exercise the power to consent to medical or dental treatment.

**Assumption of the Risk:** The Volunteer understands that the Activities may include work that may be hazardous to the Volunteer, due to risks inherent to the animal welfare industry. The Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases AVHS from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance:** The Volunteer understands that, except as otherwise agreed to by AVHS in writing, AVHS does not carry or maintain health, medical or disability insurance coverage for any volunteer. Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage. Auburn Valley Humane Society voluntarily provides WA L&I insurance coverage for volunteers in case of a legitimate AVHS Volunteer-related injury. L&I insurance is a no-fault insurance program that covers any injury or illness sustained in the course of volunteering that requires medical, surgical, or hospital treatment.

**Other:** The Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Washington, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. The Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provision of this Release which shall continue to be enforceable. I grant and convey to AVHS all right, title, and interests in any and all photographs, images, videos, or audio recordings of me or my likeness or voice by AVHS in connection with providing volunteer services to AVHS.

The Volunteer has executed this Release as of the day and year first written above.

Volunteer Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_