

DES MOINES COUNTY HUMANE SOCIETY'S PAWSITIVE ADVENTURES PROGRAM

VOLUNTEER AGREEMENT AND RELEASE

Thank you for your interest in DMCHS's Pawsitive Adventures program. Pawsitive Adventures is a unique program that allows volunteers to take shelter dogs for a day-long outing. By participating in the Pawsitive Adventures program, I agree to the following:

I understand that volunteering with DMCHS may require me to come in contact with animals, and that there are risks associated with my volunteer activities, including but not limited to dog bites and/or scratches. I assume the risks and accept personal liability for any damages that might occur as a result of my volunteer activities. I HEREBY IRREVOCABLY RELEASE DMCHS, AND (2) ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, AND VOLUNTEERS (collectively referred to as "Released Parties") FROM ANY AND ALL CLAIMS I MAY HAVE, OR WHICH MAY HEREAFTER ACCRUE TO ME, AGAINST RELEASED PARTIES FOR PERSONAL INJURY, INCLUDING DEATH, AND ALL PROPERTY DAMAGE OR LOSS, ARISING OUT OF MY VOLUNTEER ACTIVITY WITH DMCHS.

I hereby agree to indemnify, defend and hold the Released Parties harmless from any and all liability, losses, damages, judgments, or expenses, including attorneys' fees, that the Released Parties may sustain in connection with any third party claims that arise out of my volunteer activities, whether such volunteer activities occur on DMCHS's premises, at my home, or elsewhere.

I UNDERSTAND THAT DES MOINES COUNTY HUMANE SOCIETY 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 OF ANY NATURE IN THE EVENT OF MY INJURY, ILLNESS, OR DEATH, OR DAMAGE TO OR LOSS OF MY PROPERTY. I UNDERSTAND THAT DMCHS DOES NOT PROVIDE WORKERS COMPENSATION INSURANCE FOR VOLUNTEERS. AND HEREBY EXPRESSLY WAIVER ANY CLAIM FOR COMPENSATION OR LIABILITY ON THE PART OF DMCHS IN THE EVENT OF ANY INJURY OR MEDICAL EXPENSE.

I agree that if I volunteer to transport any DMCHS animal(s) in my personal vehicle for any purpose, I will 1) maintain at least the state-required minimum amounts of automobile insurance on the vehicle, and 2) release, indemnify and hold the Released Parties harmless from any claims arising from and/or related in any way to such animal's presence in my vehicle.

I acknowledge and understand that I am a volunteer of DMCHS. I am not eligible for DMCHS's Workers' Compensation or any other type of compensation or employee benefit in connection with my volunteer activities.

By using the DMCHS tags or #dmchspawsitiveadventures in the images and other content I post on my social media accounts related to my volunteer activities, I hereby grant DMCHS and Humane Society perpetual license to use, modify, publicly perform, publicly display, and reproduce my photographs, name, and likeness solely for marketing and promotional purposes.

I certify that I am 18 years of age or older. I have received and read [DMCHS](#)'s current version of the Pawsitive Adventures Manual and agree to abide by its requirements and guidelines. Further, I specifically agree to the following:

1. To care for and treat humanely any dog given to me.
2. To keep the dog on leash unless confined in my home or securely fenced yard.
3. To use reasonable care to ensure the safety and well-being of the dog in my care, the safety of other dogs, and the people the dog comes into contact with.
4. To contact [DMCHS](#) if the dog exhibits symptoms that indicate a serious condition. Please see [DMCHS's Doggy Day Out Manual](#) for examples of potential emergencies.
5. To keep the dog under my direct supervision at all times during the volunteer activity.
6. To immediately notify [DMCHS](#) in the event of a missing or injured dog, if the dog bites any person or animal, or any other injury or accident that I witness or experience resulting from my volunteer activities.
7. That all dogs are the property of [DMCHS](#) and shall not be sold, given away, or adopted out without prior approval of [DMCHS's](#) authorized personnel.
8. To provide any change of my personal information, such as name, address, or phone number.

I understand that this Pawsitive Adventures Volunteer Agreement and Release is binding on my heirs, assigns and legal representatives. This Pawsitive Adventures Volunteer Agreement and Release form is executed by me voluntarily and without reliance upon any representation by any person.

By signing below, I acknowledge and represent that I have read and understood the foregoing release, sign it voluntarily, and agree to the indemnity and waiver of liability above.

Volunteer's Printed Name

Volunteer's Signature

Manager, of [DMCHS](#)

Date