

# **RASKC** Volunteer Agreement and Release of Liability

#### Instructions:

- Adult Volunteers, please fill out Sections 1, 2 and 3, and 4
- Parents/guardians of participating minors, please fill out Sections 1, 3, 4 and 5
- Minors participating in these activities, please fill out only Section 2

Phone:	
Email:	
Phone:	
	Phone: Email: Phone:

# Activities / Locations: Volunteer for Regional Animal Services of King County SECTION 2: VOLUNTEER AGREEMENT AND RELEASE OF LIABILITY

King County, a charter county government under the constitution of the State of Washington, hereinafter referred to as "the County", maintains an animal services section through the authority of the County Executive. In the regular course of providing animal care and control services in the County, the section uses volunteers in many animal related activities, including cleaning animal cages, handling animals during the adoption process, interacting with the public, and related tasks at Regional Animal Services of King County or other locations.

I, (Print Name) \_\_\_\_\_\_\_ wish to voluntarily participate in activities for Regional Animal Services of King County (hereinafter referred to as "RASKC"). I acknowledge and agree that I will be exposed to potential hazards arising out of my participation, including the routine risks of dealing with animals, which could result in property damage or bodily injury, including severe infection and death, to me or to others. In addition, I have reviewed and agree to the RASKC Policies and Expectations Signature Form.

For and in consideration of permission to participate in the volunteer activities at the aforementioned locations, and with knowledge that the County is relying materially thereon in granting such permission, I, \_\_\_\_\_\_\_on behalf of myself and my estate, do hereby waive any right of recovery and release, indemnify, hold harmless and defend King County, its officers, officials, employees and agents, from any liability arising from any and all injury to persons and damage to property arising out of my participation in the volunteer activities. Through participating in activities under this Agreement, the Volunteer is not an employee of the County for any purpose. The Volunteer shall make no claim of career service or civil service rights which may accrue to a County employee under state or local law.

The Undersigned further acknowledges and agrees that Volunteer shall receive no compensation from the County as a result of this agreement.

The Undersigned further acknowledges and agrees that the County does not assume any responsibility whatsoever for any property of the Undersigned and the Undersigned shall not hold the County liable for any loss or damage to same.

Volunteer Signature:		Date:
----------------------	--	-------

### SECTION 3: IMAGE RELEASE

Volunteer to initial. If Volunteer is a minor, the following MUST be completed by Parent/Guardian

I give King County and their legal representatives and assigns, the right and permission to publish, without charge, images taken that may be used in publications, including electronic publications, or in audio-visual presentations, promotional literature, advertising, or in other similar ways.

I DO NOT give permission for pictures and/or video to be taken while participating in the RASKC volunteer program.

#### SECTION 4: EMERGENCY MEDICAL TREATMENT AUTHORIZATION

As the Volunteer or the Parent/Legal Guardian of the above minor child I, (Print Name) authorize qualified emergency medical personnel, including a physician and staff, to examine myself (Volunteer), or the above named minor child, in the event of injury, and to administer emergency care and to arrange for any consultation by a specialist, including a surgeon as deemed prudent for proper care of any injury. In the case of a minor child, every effort will be made to contact the Parent/Legal Guardian prior to any treatment.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

SECTION 5: PARENT/LEGAL GUARDIAN PERMISSION AND ASSUMPTION OF LIABILITY If Volunteer is a minor, the following section MUST be completed by parent/guardian.

As Parent/Legal Guardian I, (Print Name) hereby grant my permission for the above named minor child to volunteer in the above referenced activities. I acknowledge, agree and understand that said participation involves risks and inherent dangers that may cause injury and/or death. On behalf of myself and the minor child above, I have read the above INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS, INDEMNIFY AND DEFEND King County, and by signing below I agree to release and forever discharge King County on behalf of myself and the above named minor child, and to assume the liability and obligations referenced above.

Signed:\_\_\_\_\_

Dated:
--------

## SECTION 6: KING COUNTY AGREEMENT AND APPROVAL (to be filled out by staff)

Signed: Dated: