

## Volunteer Application & Liability Waiver

Name: \_\_\_\_\_ Position Interested In: \_\_\_\_\_

I acknowledge that I will be performing volunteer services for **For Pets Sake, Inc. (FPS)**, an Arkansas non-profit organization. I further understand that certain risks may be associated with such volunteer activities. I hereby acknowledge and assume the risk of participation in any and all activities, in any location where **FPS** activities take place. In consideration of being permitted to perform such volunteer services for **FPS**, I voluntarily and knowingly sign this waiver with the express understanding of waiving all rights or causes of action involving, without limitation, bodily injury or property damage to myself while I am engaged, directly or indirectly, in such volunteer services, whether caused by the negligence of **FPS** or its officers, staff members, volunteers, directors, employees, advisors, property owners, and/or agents in any location where **FPS** activities are conducted, including off-premises locations, and my own property (as well as my spouse, children, houseguests, or anyone or anything exposed to the foster pets in my care, in the case of fostering pets). I acknowledge that I release **FPS** from all claims which may hereafter develop or accrue to them on account of injury, loss or damage, which may be suffered by myself or others accompanying or associated with me, or to any property, because of any matter, thing, or condition, negligence or default whatsoever, and I hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default of any person or persons whatsoever.

It is further agreed and understood that I shall maintain in full force and effect, a policy of insurance covering medical treatment and all related costs in the event of an injury to myself as a result of my participation in any and all activities involving **FPS** as aforesaid. I also agree that if I do not maintain in full force and effect a policy of insurance, I am still liable for medical treatment and all related costs in the event of an injury to myself as a result of my participation in any and all activities involving **FPS** as aforesaid.

I acknowledge that there is a valid consideration to executing this release.

The invalidity of any statement or waiver of rights above under local, state, or federal law does not invalidate any other statement or waiver of rights above.

**PARENTS:** Your signature below affirms that you consent to allow your child to participate as a volunteer with **FPS**, and that you consent to the above liability waiver. You must fill out a volunteer application and liability waiver yourself, and you **MUST** participate **WITH** your child if they are under age 18. Neither **FPS** nor any of its representatives will be held responsible for your child, their actions, or whereabouts during **FPS** meetings or events.

\_\_\_\_\_  
Signature of Volunteer & Date

\_\_\_\_\_  
Witnessed by & Date

\_\_\_\_\_  
Volunteer's Home Address

\_\_\_\_\_  
Parent's Signature (if volunteer is under 18)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Volunteer's E-mail Address

\_\_\_\_\_  
Name & Phone of Emergency Contact