



**OREGON
HUMANE
SOCIETY**

Group Volunteer Waiver Form for Youth 12-17 Years of Age

Youth and Group Volunteer Department
You must 12 or older to volunteer at OHS

Name of Volunteer _____ Gender (M or F) _____ Age _____

Name of School/Group Organization _____

Parental Waiver and Release Agreement

In signing this agreement, my child (the "Volunteer") and I understand and agree to the following:

This agreement is entered into with The Oregon Humane Society ("OHS") jointly by the undersigned, "Volunteer" in order to permit the Volunteer to participate in the Volunteer program at OHS. This agreement is for the benefit of OHS and each of its staff members, employees, officers, directors, agents, and representatives (known individually as a "Released Party" and collectively as "Released Parties").

I affirm that I have been advised that the activity of working with the shelter animals is hazardous and involves contact with animals that are unpredictable. As such, OHS cannot be held liable for injuries or accidents that may occur as a result of working with these animals.

I am aware that injuries, loss of or damage to personal property, or death may occur as a result of my participation on OHS property or with off-site volunteer activities such as OHSTAR, Adoption Outreach, Foster Care, Special Events, etc.

I agree OHS and the Released Parties shall not be held responsible or liable for any personal injury, other injury, death, damage, loss, or expense, either to myself or my personal property, whether or not such injury, death, damage, loss, or expense is caused by the negligence of OHS, any Released Party or any other person. It is my intention to exempt and hold harmless OHS and all Released Parties from any and all liability related in any way to my participation as a Volunteer.

Should an accident or other medical emergency occur while I am participating in the Volunteer program at the OHS facilities, while en route to or from an OHS sponsored event, or at an off-site event, and OHS staff members are unable to reach my Emergency Contact in a timely manner, for medical authorizations, then Volunteer hereby gives consent for OHS staff members to authorize necessary medical transport, hospitalization and medical treatment, including but not limited to, injections, anesthesia, surgery and medication.

Furthermore, I agree to assume full responsibility for any and all billings and debts incurred as a result a medical treatment or services performed to treat injuries or illnesses resulting from my participation as an OHS Volunteer.

I understand and agree that 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 have the authority to enter into this agreement.

Parent/Guardian Signature _____ Date _____

Printed Name _____

Relationship to Minor _____

Emergency Phone Numbers

Home _____

Work _____

Cell _____

IMPORTANT

Youth ages 12-17 who volunteer at OHS must have personal or organizational health insurance. Please check this box to show that you have health insurance.

Yes, I have health insurance coverage.