

BGPARG Volunteer Waiver, Indemnity, and Assumption of Risk Agreement (MINORS)

USE THIS FORM FOR AGE 14 TO AGE 17

Name of Minor Volunteer: _____ Age: _____

WAIVER AND INDEMNITY AGREEMENT WAIVER: In exchange for BGPARG of Greene County furnishing the above-named Minor Volunteer with services and equipment to enable said Minor Volunteer to participate in Volunteer activities, I specifically waive, release, and forever discharge BGPARG of Greene County, as well as its directors, managers, officers, agents, and employees from all liability or claims for any injury, illness, or loss of or damage to property that the Minor Volunteer may suffer that arises out of or is related to the Minor Volunteer's activities. This release specifically includes, but is not limited to, liability or claims for injury, illness, or damage caused by the negligence of BGPARG of Greene County, as well as its directors, managers, officers, agents, and employees.

INDEMNITY: I agree to indemnify and hold harmless BGPARG of Greene County, as well as its directors, managers, officers, agents, and employees, from any and all claims, demands, actions and judgments arising out of or related to the participation in Volunteer activities by the Minor Volunteer named above.

I HAVE READ THIS DOCUMENT CAREFULLY AND I UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN AGREEMENT TO INDEMNIFY AND I SIGN IT VOLUNTARILY.

Minor Volunteer's parent, guardian, or other indemnitor:

Print here: _____

Sign here _____ : Date: _____

ASSUMPTION OF RISK ACKNOWLEDGMENT (ages 14 through 17) I am volunteering to assist the BGPARG of Greene County to further its missions of protecting, sheltering, and promoting the adoption of homeless animals and providing education about responsible pet ownership. **By initialing here:** _____, I agree that I will adhere to the rules and regulations of BGPARG of Greene County as provided to me and that I will follow direction given by staff.

As a volunteer, I may choose to engage in tasks that include but are not limited to assisting with animal care, handling, and medical treatment; cleaning or preparing animal environments; and transporting animals and/or supplies to off-site events. I understand and accept that interacting with animals, preparing and cleaning animal environments and performing labor on or off BGPARG premises may expose me to certain unavoidable risks, including personal injury through direct contact with animals, illness, and disease. I choose to participate in BGPARG Volunteer activities in spite of these risks and hereby assume all risk of injury or illness to myself arising out of or related to my participation in SPCA Volunteer activities.

Signature of Volunteer (if age 14 to age 17): _____ Date: _____

Please complete and return to: Beare Garden Plantation Animal Rescue, 1164 US-258 N, Snow Hill, NC 28580 Attn: Administrator of Volunteer Services, Volunteer@bgpanimalrescue.com