



Affiliated with THE ONTARIO SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS
410 JARVIS STREET, FORT ERIE, ONTARIO L2A 2T1

Fort Erie Society for the Prevention of Cruelty to Animals

Volunteer Waiver Form

I, _____, hereby agree to accept a position as a volunteer for the *Fort Erie Society for the Prevention of Cruelty to Animals* (Fort Erie SPCA). In so doing, I agree to comply with all policies, rules, and regulations which may be established by the Fort Erie SPCA, and I understand that failure to do so may result in my immediate termination as a volunteer.

I acknowledge that my services are provided solely on a volunteer basis, without pay or compensation of any kind, and without any liability of any nature on behalf of the Fort Erie SPCA. All services I perform during my volunteer service are undertaken at my own risk. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify, and hold harmless the *Fort Erie Society for the Prevention of Cruelty to Animals* and its officers, directors, agents, and employees from any and all claims, causes of action, or demands of any nature related to my services as a volunteer; including but not limited to accidents or injuries.

I agree with the above statement (*Please initial*)

As a volunteer without a rabies vaccination, I understand that I will not come in any contact with animals that are rabies-vector species. I am therefore releasing the *Fort Erie Society for the Prevention of Cruelty to Animals*, and its employees, agents, officers and directors from any cause of action, claim or demand of any nature arising from my position with the Society in regards to the rabies-vector species.

I agree with the above statement (*Please initial*)

I understand that public relations are an important part of volunteering at the Fort Erie SPCA. On behalf of myself, my heirs, personal representatives and executors, I allow the Fort Erie SPCA to use any photographs, films, videotapes, or other visual representations taken of me in volunteer services for use in public relations efforts.

I agree with the above statement (*Please initial*)

Signature: Date: _____

Witness: _____ Date: _____

(If volunteer is under 18 years of age, witness signature should be that of parent or legal guardian.)

"We speak for those who cannot speak for themselves."

