

VOLUNTEER WAIVER ~ VetREST activities

VOLUNTEER AGREEMENT

I wish to volunteer time in support of the VetREST mission. I understand and agree that my hours worked for VetREST are voluntary and without compensation, benefits, or consideration of any kind, and that I must follow all VetREST policies and procedures. I also understand that my volunteer assignment may be terminated at any time for any reason at the discretion of the volunteer coordinator or other supervisor.



LIABILITY RELEASE

I understand that VetREST and associated partners above are under no obligation to provide any insurance against injury, illness, or bodily harm. Furthermore, I understand that each volunteer is expected and encouraged to obtain their own medical or health coverage. I hereby assume full and complete responsibility for any personal injury and/or property damage that I sustain or cause, related to or arising from my participation as a volunteer for VetREST, and release, indemnify, and hold harmless VetREST, its officers, directors, staff, and associated partners above, from any and all liability in connection with any claim, suit, injury, damages, loss, and/or liability related to or arising from my capacity as a volunteer. I specifically acknowledge that I am assuming the entire risk of volunteering, and this release is a complete and comprehensive release of any and all negligence, including gross negligence, and any and all other liability.

MARKETING RELEASE

I agree that public relations are important. I freely allow VetREST to use my photos, videos, or statements about me, with or without identification by name as a volunteer for their work, without compensation. I also authorize any newspaper, company, or other organization to use said materials with or without identification of me by name without compensation in the promotion of VetREST and any of its fund campaigns or any of its activities.

CONFIDENTIALITY AGREEMENT

I understand as a volunteer, I may become privy to confidential information. I agree to maintain confidentiality of any information that is not otherwise publicly disclosed by VetREST. I will not use any confidential information in any manner that would be detrimental to VetREST and I will avoid any actions that might impair the reputation of VetREST.

VOLUNTEER SIGNATURE By signing this document, I understand and agree to the above terms and conditions.

Printed Name _____ Signature _____ Date _____

PARENTAL CONSENT/RELEASE (required if volunteer is under the age of 18)

On behalf of my child and myself, I agree to all releases, terms, and conditions in this Volunteer Release Form.

I, _____ (print parent/guardian name), give consent for _____

(print minor's name) to volunteer for VetREST and associated partners above.

Parent/Guardian Signature _____ Relationship to Minor _____

Minor Volunteer Signature _____ Date _____