Greenville County Animal Care - 328 Furman Hall Rd., Greenville, SC

Volunteer Agreement to Participate, Release, Waiver of Liability and Assumption of Risk
Please Read Carefully

Name:		e Nead Carefully
*Parent/Guardian's Name:		*if participant is under 18 years of age
Address:		
City:	State:	Zip:
Date of Birth:	Age:	E-Mail:
Main Phone:	Secondary Phor	ne:
Emergency Contact Name:		_ Emergency Contact Phone:
		edge that being allowed to participate in any way in Greenville County the undersigned understands, appreciates, and agrees that:
including the potential for perman may reduce this risk, the risk of set unknown. I willingly agree to com any unusual significant concern for will remove myself and/or child, from I understand that participation is a policy and procedures. I also here associated with my participation a HOLD HARMLESS the County of Govolunteers, and agents for any and known or unknown, in law or in expression of the control o	nent disability, paralysis and rious injury does exist; I KNO ply with the stated and cust r my own readiness or, haza fom participation and bring so voluntary activity. I agree to a voluntary activity and office or a voluntary activity. I agree to a voluntary activity and arising from or in a voluntary, and arising from or in a voluntary activity, and arising from or in a voluntary activity.	owingly AND FREELY ASSUME ALL SUCH RISKS, both known and tomary terms and conditions for participation. If, however, I observe and during my presence or participation, and/or in the program itself, I such to the attention of the nearest official immediately. to perform assigned tasks in a responsible manner and follow the RISK OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH in any way on in this activity. I agree to RELEASE, DEFEND, INDEMNIFY, AND unty Animal Care, and their officials, employees, representatives, amages, including attorney fees, I now, or may hereafter have, whether any way connected with my participation in County of Greenville and de herein shall also serve as a WAIVER OR LIABILITY AND ASSUMPTION ites, and for all members of my family.
Greenville Animal Care activities. rights, title and interest in any and	to have photos and/or vide I hereby grant and convey u all photographic images an	OTO RELEASE eo recordings taken of me and/or my child for publicity purposes during unto the County of Greenville and Greenville County Animal Care all nd video or audio recordings made by County of Greenville and y child's activities with County of Greenville and Greenville Animal Care.
		CAUTION
that I am waiving any right that I m	nay now or hereafter have to ty Animal Care in connection	AIVER OF LIABILITY AND ASSUMPTION OF RISK and fully understand to bring a legal action to assert any claim against the County of on with my participation and/or my child's participation in County of
	MEDIC	CAL TREATMENT
medical attention while participati all costs related to any medical tre	ing in the Program. I unders atment or transportation. C	edical treatment for me or my child or both if we are injured or require stand and agree that I or my child or both shall be solely responsible for On behalf of myself or my child or both, I release, forever discharge, ever in connection with such treatment or other medical services.
I accept the conditions printed abo	OVE: Date:	
Participant Printed Name:	Pai	orticipant Signature:
*Parent / Guardian Printed Name:	*Pa	arent / Guardian Signature:

*if participant is under 18 years of age

Animal Care Volunteer Contract & Code of Conduct

I, (please print first and last name)	in consideration of being allowed to participate in the volunteer
program of Greenville County Animal Care (GCAC) and the County of Greenv	ille do hereby agree that:

- 1. Age of majority and commitment to perform. I am eighteen (18) years of age or older, or I am having a parent or guardian sign the consent and release provided below. I understand if I am under 18 I cannot walk large dogs. I understand if I am under 16 a parent or guardian is responsible for coming to volunteer with me and being the main pet handler. I agree to complete the required training for my volunteer activities and agree to abide by all policies and procedures set forth by GCAC and the County of Greenville.
- 2. Professionalism and representation. I agree to treat the animals, staff members, other volunteers, and members of the public with kindness and empathy. I understand engaging in behavior that knowingly causes harm to myself, other volunteers, staff, or the pets under GCAC's care cannot be tolerated. I understand participating in such behaviors may result in disciplinary action including but not limited to extra training, coaching, verbal and/or written warnings, and dismissal from the volunteer program if deemed necessary. I understand that as a volunteer I represent an important link to our community. I agree to represent GCAC fairly and accurately. I agree to work in support of the mission and goals of the organization and will work harmoniously with GCAC, the County of Greenville, its employees and volunteers to help animals and people in a proactive, professional, and positive way. I understand GCAC values diversity, equity, and inclusion. I agree to do my part in creating an environment where all animal lovers are treated with compassion, dignity, and equality. I understand there is a zero tolerance policy towards racist, sexist, or bigoted language.
- 3. Volunteer not employee. I understand and agree that my volunteer service is in no way an offer of or employment by the County of Greenville and that I shall not receive, nor be entitled to receive, any compensation, reimbursement or remuneration related to my community service. I understand and agree that at no time will I be considered or deemed to be an employee of the County, nor am I an agent for anything other than my assigned volunteer service.
- 4. Health and safety. I certify that I am and in the case of parents or guardians of minor children, my child is in good health, has had no recent known or suspected exposure to a contagious disease, and has had no recent operation or serious illness that would interfere with his/her/my responsibilities as a GCAC volunteer. I agree it is my responsibility to ensure I am fit for my volunteer duties and not under the influence of alcohol, drugs, or any medication that may delay my reaction time. I understand that working with pets and the public can be unpredictable. I agree that I am responsible for making sure I complete any required or suggested safety or handling training offered by GCAC. I understand volunteers must wear closed-toed shoes, long pants and sleeves are also recommended.
- 5. Services refused and resignation. I understand and agree that GCAC may refuse to accept my volunteer service at any time, whether with justification or not, and at that point I must stop participating in the volunteer program and stop representing myself as a GCAC volunteer. I understand I am able to resign as a volunteer at any time. I agree to give the Volunteer Coordinator, or Public Education Coordinator, written or verbal notice of my intent to resign from volunteer activities. I understand I am welcome to rejoin the program after resigning, but may have to reapply depending on the length of time I was inactive.
- 6. Confidential information. I understand that during my participation in volunteer activities, I may have access to, or may observe, certain information that is proprietary to the County and I hereby agree not to disclose, discuss, or reveal any such information to parties outside of the County and to keep any County records or files, confidential. I also agree to keep any information about persons or businesses that I may observe confidential and not to disclose, discuss, or reveal any such information to anyone other than those involved in volunteer service with me.
- 7. Videos and Photographing. I hereby allow GCAC and the County of Greenville to use any videos/photographs taken of me on property or at a special event for public relations, training, or recruiting purposes.
- 8. Weapons. I understand no weapons are allowed on GCAC property or at off-site events where I am a volunteer.

Release from liability. In consideration of being allowed to participate as a volunteer, I agree to release, and hold harmless GCAC, the County of Greenville, including its officials, employees and agents from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, may sustain or suffer as a result of or arising out of my participation in the volunteer program, whether caused by the negligence, action, or inaction of the County of Greenville or persons acting on its behalf or otherwise. I also agree that I shall be fully and solely responsible for any and all loss or damage that I inflict upon any person or upon the County and/or rented facilities during my participation in the volunteer program, and I will indemnify the County for any loss it sustains as a consequence of my negligent or reckless acts or omissions.

accept the conditions printed above: Date:		
Participant Printed Name:	Participant Signature:	
Parent / Guardian Printed Name:	*if participant is under 18 years of age	
Parent / Guardian Signature:	*if participant is under 18 years of age	