

ANIMAL ALLIANCE VOLUNTEER WAIVER

I, _____ (VOLUNTEER NAME), age _____ YEARS OLD, agree to this contract on _____ (DATE) between MYSELF (VOLUNTEER) and Animal Alliance as it pertains to my goodwill volunteer efforts as a general volunteer for Animal Alliance.

By signing this Agreement, I certify that I have read, understood and agree to the following:

1. VOLUNTEER agrees that this Agreement shall be governed by the laws of the State of New Jersey and agrees to submit to the jurisdiction of the courts of the State of New Jersey in the event of any dispute that is related to this Agreement.
2. VOLUNTEER acknowledges that all animals can carry diseases, some of which may be transmissible to humans, including bacteria, viruses, parasites, and ringworm, and that disease may be undetectable in what appears to be a healthy animal at the time of volunteer service.
3. VOLUNTEER understands that pets may exhibit normal but potentially undesirable behaviors including, but not limited to, aggression, house soiling, biting, scratching (people, furniture, woodwork), barking, digging, mounting people's legs, urine marking (dogs), urine spraying (cats) and that these normal behavior patterns may be difficult to manage. No one representing Animal Alliance has told Volunteer that any animals will not engage in any of these behavior patterns.
4. By your signature below you acknowledge that (a) you have been provided with the time and opportunity to carefully review this volunteer agreement, and to discuss it with Animal Alliance and anyone else of your choosing; (b) you have been afforded the time and opportunity to interact with the pet(s) that you desire to volunteer with; (c) Animal Alliance has discussed with you the pets that you have chosen to volunteer with, including its known behavioral tendencies and that of its breed and a recommendation concerning the age and experience of the people who are best suited to interact with the pet; and (d) Animal Alliance has exercised diligent and proper efforts to disclose all health and behavioral risks associated with this particular animals you may encounter; (e) you understand the behavior of all pets may change over time and Animal Alliance cannot guarantee the lifelong behavioral tendencies of any animal. As a result, you are now willing now to assume full responsibility for the animal(s) you have chosen to volunteer with and those risks. You represent that you are not aware of any reason that the pet you have chosen to volunteer or foster should not be placed by Animal Alliance to you, or become part of your household (i.e. Animal Alliance does not adopt adult dogs to families with children less than 9 years of age, likewise for households with frequent visits from young children).
5. **By your signature below, you hereby release Animal Alliance, its officers, directors, agents, employees, and volunteers, and any third parties from any responsibility for the behavior and conduct of the pets you are volunteering with, and for any damage or injury to any person or property which may be caused by your contact with animals in the care of Animal Alliance.** You also agree to indemnify, defend, and hold harmless Animal Alliance, its officers, directors, agents, employees, and volunteers, and any third parties from and against any and all liability, damage, suits, actions, judgments, costs, or fees (including reasonable attorneys fees and expenses) arising out of, or related to: (a) your volunteering with this animal, (b) your failure to comply with the terms of this agreement, (c) any damage or injury to any person or property which may be caused by this animal.

VOLUNTEER SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE:

(If volunteer is under 18 years old) _____

DATE: _____

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

TELEPHONE # _____

ANIMAL ALLIANCE CONTACT INFORMATION: Voicemail: 609-818-1952 Email: info@animalalliancenj.org

ANIMAL ALLIANCE MAILING ADDRESS : Box 1285, Belle Mead, NJ 08502