



PAWS Program Participant Waiver and Release Agreement

We at PAWS are grateful for the vital services contributed by our caring adult and youth program participants. On behalf of the PAWS staff, and the animals whom you help, thank you for contributing your valuable time and talent.

You will need to read and sign the following Waiver and Release Agreement before you can participate in a program on PAWS' campus.

General Agreement

In signing below, I understand and agree to the following items:

1. To abide by the policies and procedures presented in this program.
2. If I exhibit behaviors considered by PAWS' staff to be dangerous or inappropriate to myself, the animals and/or volunteers, employees or citizens, I may be removed from the program and the premises.
3. There may be risks involved in using certain cleaning products while performing my duties.

General Waiver and Release

I recognize that in contacting animals while performing services for PAWS, there is an inherent risk of injury including, but not limited to, personal physical harm. On behalf of myself, my heirs, assignees, guardians, and personal and legal representatives and executors, I hereby release, discharge, indemnify and hold harmless PAWS, its officers, directors, employees and volunteers for any and all claims, demands, losses, costs, liabilities, settlement agreements, damages, and expenses connected with my services to PAWS whether caused directly or indirectly by any negligence (active or passive) attributable to PAWS, its officers, directors, employees or volunteers.

Emergency Medical Treatment

I authorize PAWS' employees to seek emergency medical treatment for me in case of accident, illness or injury, and agree to be personally liable therefor. On behalf of myself, my heirs, assignees, guardians, and personal and legal representatives and executors, I hereby release, discharge, indemnify and hold harmless PAWS, its officers, directors, employees and other volunteers for any and all claims, demands, losses, costs, liabilities, settlement agreements, damages, and expenses for any medical treatment obtained at the request of PAWS, its officers, directors, employees and other volunteers.

Food Allergies/Physical Limitations

I acknowledge that I have no known animal, food or other allergies, or other physical limitations that might affect my ability to carry out the service projects that I may be assigned, and that I have discussed any allergies or limitations that I do have with the PAWS Educator.

Photographic/Video/Audio Recording

I understand that public relations are an important part of participating at PAWS. I therefore agree on behalf of myself, my heirs, assignees, guardians, and personal and legal representatives and executors to allow PAWS to use any and all photographic images and video/audio recordings of or by me made in connection with activities conducted by or at PAWS, to be used solely for program documentation and/or publicity purposes without payment.

Injury Reporting

If I am injured during a PAWS program, I must report the injury to the PAWS staff member facilitating the program immediately, whether or not I intend to seek medical care. If I receive medical care, I should use my personal medical providers per my personal insurance coverage.

Zoonotic Disease Waiver

I am aware that zoonosis is any infectious disease that an animal can transmit to people. I am aware it can be transmitted through saliva, blood, urine, feces, and skin contact. I understand and agree to follow any instructions I receive regarding prevention of transmitting and/or receiving any type of disease while working with animals. Furthermore, I agree to wash my hands between each animal contact, thoroughly disinfect any bite or scratch wound, and immediately report any bite or wound to a staff member. I have read, understand and agree to the above zoonotic disease waiver. Furthermore, I release PAWS from all responsibility that may occur because of my not following transmission prevention instructions, and I understand that whatever decision I make regarding zoonotic disease prevention is at my own risk.

Tetanus Waiver

I understand that PAWS believes it is important for me to be current on my tetanus vaccination if I will be handling animals at PAWS. I acknowledge that I am current on my tetanus vaccination, or if I am not current, that I release PAWS from all responsibility that may occur because of my not being vaccinated against tetanus. I have read, understood and agree to the above tetanus waiver.

Rabies Waiver

I understand that although rabies is not common in Washington State, PAWS receives stray, domestic and wild animals with unknown histories. I acknowledge that I am current on my rabies vaccination, or if I am not current, that I release PAWS from all responsibility that may occur because of my not pursuing the pre-exposure rabies vaccination series. I have read, understood and agree to the above rabies waiver.

By signing below, I acknowledge that I have read and fully understand the terms and conditions of the Agreements and Waivers and that I agree and will comply with same.

- General Agreement
- General Waiver and Release
- Emergency Medical Treatment
- Food Allergies/Physical Limitations
- Photographic/Video/Audio Recording
- Injury Reporting
- Zoonotic Disease Waiver
- Tetanus Waiver
- Rabies Waiver

Program Participant Printed name

Program Participant signature (or Parent/Guardian signature if participant is under 18 years of age)

Date

Parent/Guardian printed name (if volunteer is under 18 years of age)

PAWS Staff Member

Date