



## CONSENT AND GENERAL RELEASE FORM/VOLUNTEER WAIVER

Thank you for volunteering with Pets for Patients (PFP). In order to protect our organization, families, and our rescued animals, we ask that you sign this waiver.

Although every attempt will be made to ensure your safety, animals (particularly rescued animals) are by their nature unpredictable in behavior. Accordingly, you, as a volunteer agree to the following conditions:

1. I, \_\_\_\_\_ hereby agree to hold Pets for Patients (PFP), its officers, directors, and other volunteers forever harmless for any injury whatsoever that I may suffer as a result of my volunteer activities with PFP. This includes but is not limited to dog bites, scratches, communicable illnesses or pests contracted from any animal.
2. I also agree to hold Pets for Patients, its officers, directors, and other volunteers forever harmless for any and all personal injuries sustained regardless of cause while volunteering for PFP. This also includes but not limited to any damage to personal items, transportation vehicles, and/or passengers while volunteering with transport of animals.
3. I am aware that as a volunteer of Pets for Patients I am acting as a representative of the organization and agree to act responsibly at all times by maintaining a professional demeanor and protecting the organization's rescued animals from any harm by practicing common sense while they are in my possession.
4. I agree that any animal rescued by PFP is the property of Pets for Patients or the adoptive family and as a volunteer of this organization, I will not withhold, sell, or give away any animal entrusted to me by the organization.
5. I will not rescue any animal as a stray or from a rescue/shelter in the name of PFP without prior authorization from a director, or officer of the organization.
6. I agree that I will not post any content regarding Pets for Patients, its patients, families, procedures, or other relevant information on any personal social media channel (Facebook, Instagram, YouTube, etc.). I also consent that any form of media I collect (only after obtaining prior written permission) and send to Pets for Patients will then become the property of PFP.
7. I also understand that if volunteering with Pets for Patients at Cincinnati Children's Hospital Medical Center (CCHMC) I will be required to follow their HIPPA guidelines and may be subject to a background check at CCHMC's discretion.

Signed \_\_\_\_\_

Date: \_\_\_\_\_

Print Name \_\_\_\_\_