

CatFriends Volunteer Release 2020

I understand that my participation as a CatFriends volunteer may involve risks and dangers that could result in personal injury, including temporary or permanent disability, and in present and future financial loses and damages such as loss of income and medical expenses.

In case of illness or injury I consent and authorize such emergency medical treatment as deemed necessary and agree to be responsible for the payment of the costs and expenses incurred for such emergency medical treatment.

I permit CatFriends to use any photographs and/or videos of myself either alone or with others for publicity purposes.

I agree to abide by the mission, rules, regulations, policies and programs of CatFriends while I am a volunteer.

I understand that as a volunteer I may gain access to information about CatFriends, clients, or other volunteers that is confidential. I agree to maintain confidentiality and to refuse disclosure of any information that is private or personal.

If I stop being a volunteer for CatFriends for any reason, or upon CatFriends' request at any time, I will promptly return all of CatFriends' supplies, equipment, records, moneys, and other items in good, clean condition.

I agree to release, indemnify and hold harmless CatFriends, sponsors, supervisors and agencies involved in volunteering of all liability to myself or anyone else who may have a right to make a claim for myself or in his/her/its behalf for damages for personal injury, losses or damages for pain, suffering, loss of income or other financial losses, future earnings, medical expenses and consequential damages, caused by anyone's negligence including negligent supervision.

Print Name	Signature	Date
E-mail	Phone Number	
Emergency Contact	Phone Number	
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named minor, represents that he/	d parent/guardian for himself/herse she has read and understands this nission to participate as a CatFrier	s agreement, agrees with it and
Parent/Guardian Print Name	 Signature	Date

Signature