

**Mail to:**  
HSGC  
3325 S. Dort Hwy.  
Burton, MI 48529  
Attn: Terry

**Please print or type**

First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

Minor child (ages 10-15 years) attending with me: \_\_\_\_\_ Age: \_\_\_\_\_

*\*Note: You must be the parent or guardian of the child who is attending with you. 1 child per adult.*

**In case of emergency, please contact:**

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Relation: \_\_\_\_\_

**I prefer to work with (check all that apply):**

\_\_\_\_\_ Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Customer Service \_\_\_\_\_ Events \_\_\_\_\_ Cleaning

Skills or qualifications: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, what is the nature and status?

*No applicant will be denied solely on the grounds of conviction of a criminal offense. The date and nature of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied or may however, be considered.*

I choose this date for my orientation (see website for dates, subject to availability): \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Office use only:**

Confirmation sent: \_\_\_\_/\_\_\_\_/\_\_\_\_ Orientation date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Status: \_\_\_\_\_ TY sent: \_\_\_\_/\_\_\_\_/\_\_\_\_

## WAIVER, RELEASE OF LIABILITY, ACKNOWLEDGEMENT OF RISK AND INDEMNITY AGREEMENT

**This is an important document:** As a volunteer who is participating in an activity involving the HUMANE SOCIETY OF GENESEE COUNTY (HSGC) on (date) \_\_\_\_\_, must sign this Waiver, Release of Liability, Acknowledgement of Risk and Indemnity Agreement (hereafter called "this waiver") before the Volunteer may participate. Read this document very carefully before you sign. This waiver is applicable for as long as the Volunteer participates in any HSGC activity and until three years after the activity.

**Waiver and Release:** As the Volunteer, I release and forever discharge and hold harmless HSGC and its past and present affiliates, assigns, successors in interest, agents, servants, employees, volunteers, participants, officers, directors and sponsors (hereafter called "Released Parties") from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise on may hereafter arise from the Volunteer's participation in the activity.

I understand and agree that this release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have, whether past, present or future, whether known or unknown, arising from, resulting from, or in connection to the activity. This release constitutes a complete release, discharge and waiver of any and all actions or causes of action that I may have against the Release Parties, including but not limited to any claims for personal injury, property damage, and including but not limited to any injuries resulting from negligent actions or omissions. I also understand that HSGC does not assume any responsibility for or obligation to provide financial assistance or other assistance to or for the Volunteer, including but not limited to medical, health or disability insurance in the event of injury, illness or property damage which occurs during the activity.

**Acknowledgement of Risk:** As the Volunteer, I acknowledge and understand fully that there are risks and dangers of serious bodily injury that could result from Volunteer's participation in the activity. I understand that in order for the Volunteer to be allowed to participate in the activity, I agree to fully accept and assume all risks and all responsibility for any injury, losses and damages to person or property that I may incur as a result of my participation in the activity.

**Indemnity:** I further agree to defend the indemnify HSGC for any claims brought by or on behalf of the Volunteer arising out of the activity and for any claims brought by or on behalf of any other party arising from Minor's participation in the activity.

**Photographic/Audio Release:** I irrevocably authorize HSGC to use my recorded voice, image and likeness in any medium including, without limitation, video, photograph, film, tape and digital medium, for any lawful purpose. I understand that I will not receive any compensation for the use of my recorded voice, image and likeness in promotional materials and waive rights to any compensation now or in the future.

I have read this Waiver and fully understand its contents. I am aware that this is release of liability and I sign of my own free will. I intend this to be a complete and unconditional release of all liability to the greatest extent allowed by law, even though that liability may arise from the negligence or carelessness of the Release Parties listed above, and I agree that if any portion of this agreement is held to be invalid, the remaining portion of the agreement shall continue to be in full force and effect.

**You must include the information below for your application to be processed. Please pay on the date of your orientation. Submitting an application does not guarantee an opening in an orientation. You will receive a confirmation letter via mail with final details of your orientation.**

\_\_\_\_\_ I understand there will be a \$25 fee to cover the cost of training, t-shirt and maintenance fees.

\_\_\_\_\_ I must be covered by medical insurance. (Copy of card must be provided with this application)

\_\_\_\_\_ I have provided a copy of my tetanus vaccine and Driver's License.

\_\_\_\_\_ I am 16 years or older. Under the age of 16 requires a parent/guardian signature.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_