**WAIVER OF LIABILITY AGREEMENT FOR OC ANIMAL CARE VOLUNTEER PARTICIPATION**

**(To be signed by the Parent or Legal Guardian if the**

**Participant is under 18 years of age)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the parent or legal guardian of

 (Print Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter “my child”).

 (Print Name)

My child and I have voluntarily sought and obtained permission from OC Animal Care for my child to participate in OC Animal Care volunteer activities (the “Activities”). In consideration for OC Animal Care allowing my child to participate in the Activities, I hereby understand and agree to the following:

1. I am aware that, in some cases, the Activities may include work that could be hazardous to my child, including, but not limited to, working with or near animals, loading and unloading, and event booth management and that my child may be subjected to the risk of personal injury, death and/or damage to property by participating in the Activities. Additionally, I acknowledge that because animals at OC Animal Care are shelter animals, OC Animal Care does not know their history. Animals, even under the best circumstances, may be unpredictable, may bite or scratch, and may transmit zoonotic diseases. I hereby freely, voluntarily and with such knowledge assume the risk, on behalf of my child, of personal injury, death, or damage to property arising out of or related to my child’s participation in the Activities, unless such injury, death and/or damage is caused by the gross negligence or willful misconduct of an OC Animal Care employee.
2. I will not hold the County of Orange, its elected officials, its employees or its sureties (the “County”) responsible or liable for any injury, death and/or damage to my child or my child’s property arising out of or related to my child’s participation in the Activities, unless such injury, death and/or damage is caused by the gross negligence or willful misconduct of an OC Animal Care employee.
3. I agree to defend and indemnify the County against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages or liability or expense of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act of my child arising out of or related to my child’s participation in the Activities.
4. It is my express intent that this agreement shall bind my heirs, assigns, executors, administrators and/or any other personal representative and members of my family.
5. I understand that County does not carry or maintain health, medical, or disability insurance coverage for any volunteer. Further, I understand that my child is not an employee of the County and is not covered by Worker’s Compensation.
6. I will not hold the County responsible or liable for any injury, death and/or damage to my child or my child’s property that may arise on account of any first aid, treatment, or medical service rendered in connection with my child’s participation in the Activities.
7. I give my permission to use for promotional purposes any and all photographs or video images in which my child may be included. I understand that all prints and negatives become the sole property of the County and may be used by the County without payment or notification. I understand that my child will be participating in activities that could include radio, TV, or internet coverage.

I hereby represent that I have carefully read and understand the contents of this agreement, and understand that this agreement is a release of liability and a contract, and I have signed this agreement of my own free will.

Signature of Parent or Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Medical Aid in Case of Emergency**

In case of an emergency, while my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is participating in volunteer activities with OC Animal Care, I give permission to any County employee to seek necessary medical aid or hospitalization for my child until such time as I can be contacted.

Signature of Parent or Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Address and Phone Number(s))