



# BRANT COUNTY BRANCH OF THE OSPCA

## WAIVER OF LIABILITY FOR VOLUNTEERS

I, \_\_\_\_\_ hereby agree to accept a position as a volunteer worker with the Ontario SPCA Brant County Branch, and in so doing agree to comply with all policies, rules and regulations, which may be established by the SPCA from time to time. I also understand that failure to comply with said may result in my immediate release as a volunteer.

I acknowledge that my services are provided strictly on a volunteer basis, without payment or compensation of any kind and without liability of any nature on behalf of the SPCA. I understand that all services performed by me are done so at my own risk. I also understand that I may refuse to perform any duty or task that I feel may place me or anyone else at personal risk.

I understand that in handling animals or by performing any other volunteer task, there exist risks of injury or personal harm. On behalf of myself, my heirs, personal representatives or executors, I hereby release, discharge, indemnify and hold harmless the Ontario SPCA. (Including it's officers, directors, agents and employees) from any and all claims, causes of action or demands of any nature or cause, including costs and attorney fees incurred or sustained by me in any way connected with my services for the SPCA, including but not limited to animal bites, accidents or injuries.

I also understand the public relations are an important part of the work of the SPCA. On behalf of myself, my heirs, personal representatives and executors, I agree to allow the SPCA to use any photographs, films, videotapes or other visual representations taken of me in my volunteer services as aids in public relations efforts.

## RABIES EXPOSURE DISCLAIMER

I, \_\_\_\_\_ a volunteer with the Ontario SPCA, Brant County Branch, understand that while I am handling any animal in the care of the SPCA, I could be at risk of coming in contact with an animal carrying the rabies virus.

I understand that the SPCA will take every effort to ensure that any animal handled by me is in good health and free of any disease but that the SPCA cannot guarantee the health or disposition of any animal in the care of the SPCA.

I understand that it is my responsibility to immediately report any bite or scratch caused by any animal in the care of the SPCA to a SPCA employee. The SPCA will then cause this animal to be held in quarantine (as per Ministry of Health regulations) so that the health of said animal can be monitored. I also understand that a Ministry of Health Inspector will assess said animal's health and make the findings available to me. If necessary, I understand that I will be provided with the proper post-exposure treatment (a series of vaccinations given by a Physician) to counteract my exposure to the rabies virus.

I UNDERSTAND THAT IF LEFT UNTREATED RABIES IS A FATAL DISEASE AND HEREBY AGREE TO REPORT ANY AND ALL POSSIBLE RABIES EXPOSURE INCIDENTS TO THE SPCA IMMEDIATELY AFTER THE INCIDENT OCCURS.

## **CONFIDENTIALITY**

As a volunteer you are bound to encounter not only unique experiences, but also exclusive OSPCA information. Throughout your duration of volunteering, you may have access to confidential information regarding the animals, staff, donors, volunteers or other types of SPCA information. For this reason we stress the importance of respecting confidentiality. Failure to comply with this request will result in ending your volunteer services, and could result in legal action. If you have any questions or concerns, feel free to ask the shelter manager.

I, \_\_\_\_\_ have read the policies and waivers listed above and understand their content.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ Please print

SIGNATURE OF VOLUNTEER: \_\_\_\_\_

SIGNATURE OF GUARDIAN: \_\_\_\_\_  
(required if volunteer is under the age of 18 years)

SIGNATURE OF SPCA EMPLOYEE: \_\_\_\_\_