

VOLUNTEER AGREEMENT AND RELEASE FOR MISSING ANIMAL RESPONSE ACTIVITIES

I am aware that training and participating in search-and-rescue of missing animals could be a hazardous activity. I am voluntarily participating in this activity with Missing Pet Partnership with knowledge of the danger involved and hereby agree to accept any and all risks of property damage, personal injury, or death. As a condition to participating in these animal search and recovery and training activities, I make the following additional promises and representations:

1. I have successfully completed (or I agree to complete) the Missing Pet Partnership (MPP) Missing Animal Response training program, and certify that, during animal search and rescue activities and training, I will conduct myself in accordance with the level of care, standards and practices taught in the MPP courses.
2. I have completed (or I agree to complete) first aid/CPR training for treating animals.
3. Please check one of the following:
 I have current immunizations for Hepatitis A and B, tetanus and rabies.
 I do not have current immunizations for Hepatitis A and B, tetanus and rabies. (**Note:** By checking this option, you acknowledge that you could be exposing yourself to a greater risk of protracting such disease or diseases during the course of your voluntary participation in animal search and rescue activities. Furthermore, you agree to release Missing Pet Partnership as provided in paragraph 7 below with respect to the protraction of any such disease or diseases).
4. I understand that Missing Pet Partnership may provide uniforms, badges, and/or other equipment for my use during animal search and recovery activities. I will use and wear the uniforms, badges, and/or other equipment only when conducting activities for Missing Pet Partnership and during such time I will conduct myself in a professional manner. I will be responsible for using and caring for the uniforms, badges, and/or other equipment and returning same at the end of such activities.
5. I understand that Missing Pet Partnership will reimburse me for reasonable pre-authorized expenses associated with my volunteer animal search and rescue activities, such as airfare, transportation, lodging, and food. I will seek authorization for those expenses in advance and will provide Missing Pet Partnership with receipts for all such expenses.

- 6. I understand that participating in the search and rescue of animals involves certain risks, including but not limited to, travel to and from the site of the search, physical contact with animals, extreme weather, terrain and other conditions, and the possible reckless conduct of other participants. These risks also include but are not limited to death, drowning, animal bites and scratches. I further understand that the animal search and rescue activities that I participate in may be conducted at sites that are remote from available medical assistance, and nonetheless agree to proceed with such activities in spite of the possible absence of medical assistance. I also understand that any equipment provided for my protection may be inadequate in preventing serious injury.

- 7. In consideration of my participation in animal search and rescue activities, I hereby agree, on behalf of myself and my heirs and assigns, not to sue and hereby release Missing Pet Partnership, its subsidiaries, and any of their directors, officers, employees or agents from any present and future claims, including negligence, for property damage, personal injury, or wrongful death, arising from my participation in animal search and rescue activities. This release is intended to include and does include, without limitation, all claims that I do not know or suspect to exist in my favor against Missing Pet Partnership at the time of signing this agreement.

I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies that may be available to me.

Volunteer (Adult) Signature

 Date

 Printed Name

 Address

(_____)_____
 Telephone

Witness Signature

 Date

 Printed Name

 Address

(_____)_____
 Telephone
