



**UPPER CREDIT
HUMANE SOCIETY**

Upper Credit Humane Society

5383 Trafalgar Road RR #2, Erin, Ontario N0B 1T0
Telephone (519) 833-2287 Fax (519) 833-2247
Charitable Registration # 893738872RR0001

Waiver Form – Volunteer

I, _____, agree to accept the position of volunteer for the UCHS and in doing so I agree to comply with all of the policies, the code of conduct, and the rules and regulations established by the UCHS.

I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without any liability of any nature on behalf of the UCHS.

On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify, and hold harmless the UCHS and its' officers, directors, agents, and employees from any and all claims, causes of action, or demands of any nature with respect to my volunteer services for the UCHS, including, but not limited to any accidents or injuries that may occur during my volunteer services.

I have been made aware of the confidential nature of UCHS information concerning the animals, donors, and UCHS personnel. If I become aware of **any** confidential information, the confidentiality of that information will be respected by me. I also understand that confidential information shall not be divulged outside the UCHS.

I understand that public relations are an important part of volunteering at the UCHS. On behalf of myself, my heirs, personal representatives, and executors, I allow the UCHS to use any photographs, films, videotapes or other visual representations taken of me in the course of my volunteer services for public relations purposes.

I understand that non-compliance with any of the above may result in the termination of my volunteer services with the UCHS.

Date: _____

Signature: _____

Witness for UCHS: _____

(Print name)

(Signature)