

City Grazing Volunteer Agreement and Release Form

(3 signatures required)

We at City Grazing are deeply grateful for all of the help from our community volunteers. On behalf of the goats, we thank you for offering your valuable services to us.

As a volunteer who handles animals, you will need to read and sign the following Agreement and release form before you can participate as a volunteer. If you have any questions about these, please contact the manager.

Volunteer Agreement

In signing below, I understand and agree to the following items:

1. I authorize City Grazing to seek emergency medical treatment in case of accident, injury or illness.
2. I agree to abide by the policies and procedures presented to me at the volunteer trainings.
3. I will take ideas, constructive comments, suggestions and criticisms directly to the program leader and agree to be supervised by the program leader.
4. I agree to work for a minimum of 10 hours a month for at least three months. In some cases, volunteer work is usually the same time and day each week.
5. I understand that if I am injured while acting as an unpaid member of the volunteer staff, that the California State Worker's Compensation Law does not cover me.
6. City Grazing has my permission to use any and all photographs taken of me to promote society services and programs or to publicize any event. I understand that all prints and negatives become sole property of City Grazing and may be used without payment or prior notification.
7. I am over 18 years old.

Printed Name

Signature

Date

General Waiver and Release Form

I, the undersigned, agree to release, discharge, indemnify and hold harmless City Grazing, its officers, directors, and employees for any and all claims, demands, losses, costs, liabilities, settlement agreements, damages, expenses and suits at law or in equity to my personal property that arise out of my performing services for the City Grazing, its officers, directors or employees.

I recognize that in handling animals while performing services for the City Grazing, there exists a risk of injury including, but not limited to, personal physical harm. On behalf of myself, my heirs, assignees, guardians, and personal and legal representatives and executors, I hereby release, discharge, indemnify and hold harmless City Grazing, its officers, directors and employees for any and all claims, demands, losses, costs, liabilities, settlement agreements, damages, and expenses connected with my services to City Grazing or my Volunteer Agreement whether caused directly or indirectly by any negligence (active or passive) attributable to City Grazing, its officers, directors, or employees.

In connection with this release, I expressly waive the provisions of the California Civil Code, section 1542, which provides as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known to him or her must have materially affected his settlement with the debtor.

I understand that public relations are an important part of volunteering at City Grazing. I therefore agree on behalf of myself, my heirs, assignees, guardians, and personal and legal representatives and executors to allow City Grazing to use any photographs and images taken of me in the Society's public relations efforts and without payment. City Grazing will use reasonable efforts to notify me, but such notification is not an expressed or implied condition to the release of photographs or images for public relations purposes.

I acknowledge that I have read and fully understand the terms and conditions of the foregoing Volunteer Agreement and Release and Waiver and that I agree and will comply with same.

Signature

Date

Waiver of State Compensation Benefit

Under our Workers' Compensation policy, City Grazing volunteers are not classified as "employees" and are therefore ineligible for Workers' Compensation coverage for injuries that might be sustained while volunteering for City Grazing. City Grazing strongly recommends that each volunteer maintain his or her own medical insurance.

By signing below, I attest to having read, understood and agreed to the Waiver of State Compensation Benefit:

Signature

Date