



**Auburn Area Animal Rescue Foundation**  
**11940 Masters Court, Auburn, CA 95603**  
**Voicemail: 530-887-5577**  
**Federal tax id: 91-1815747**  
**California Corp. ID# 2056201-000-040-330**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT (name/relationship/phone): \_\_\_\_\_

I have read and have been instructed in AAARF's rules, regulations and protocol. I agree to abide by the same, as they currently exist or may be amended in the future. I understand and agree that failure to comply with AAARF's rules, regulations and protocol is a basis for AAARF to request my resignation as a volunteer.

I grant permission to AAARF to use any photos taken of me or written material that I submit to AAARF on its World Wide Web site or in other printed publications or oral presentations without further consideration and I acknowledge AAARF's right to crop or treat the photograph at its discretion.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

If minor, name of minor: \_\_\_\_\_

Age of minor: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Print Name of Parent or Guardian

**Auburn Area Animal Rescue Foundation RELEASE AND HOLD HARMLESS  
AGREEMENT**

The Undersigned assumes the unavoidable risks inherent in working with AAARF's animals, including but not limited to bodily injury and physical harm. The Undersigned acknowledges that working, treating, cleaning, transporting and otherwise handling AAARF's animals can be dangerous and that AAARF's animals have unpredictable temperaments that can cause injury.

The Undersigned understands and acknowledges that volunteer work at the AAARF facilities, including but not limited to the AAARF adoption center and any AAARF foster homes, may include but is not limited to lifting, working with cleaning solvents, stair climbing, feeding, manual work and long periods of time standing and/or walking. Such activities can sometimes result in bodily injury.

The Undersigned understands and acknowledges that volunteer work for AAARF that consists of transporting AAARF animals to an adoption area, a veterinarian hospital, or a foster home is taken at the Undersigned's own risk and own automobile liability insurance.

Therefore, by signing below, I knowingly and voluntarily assume the unavoidable risks inherent with but not limited to the above volunteer work, whether known or unknown, including but not limited to bodily injury and physical harm and agree to the following on behalf of myself or as a parent or legal guardian to the below identified minor:

1. I hereby release and discharge Auburn Area Animal Rescue Foundation, its Board of Directors and their agents, volunteers and representatives (hereinafter collectively known as "AAARF") from any and all actions, claims or demands I may now or hereafter have from injury, death or damage resulting from my participation in any and all volunteer work for AAARF.
2. I agree that I will defend, indemnify and hold harmless AAARF against all claims, damages, demands, and causes of action, including court judgments and/or costs and actual attorney's fees, arising from any proceeding or lawsuit brought against AAARF due to any act done by me or brought by me or for my benefit.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT CAREFULLY, COMPLETELY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND AAARF, AND I SIGN IT OF MY OWN FREE WILL. I FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE, AND THAT I RELY ON NONE. THIS AGREEMENT SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING BY ME.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

If minor, name of minor: \_\_\_\_\_ Age of minor: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Print Name of Parent/Legal Guardian