



RELEASE OF LIABILITY FOR UNPAID VOLUNTEERS, INTERNS AND VISITING SCHOLARS

Volunteer / Intern / Visiting Scholar Name: _____

Is the Volunteer over 18 years old? YES NO* *attach copy of Driver's License or Identification Document*

** If no, parent/guardian must sign below – no individual under the age of 16 may participate as a volunteer / intern.*

We greatly appreciate your interest in volunteer, intern or scholar activity at Hilton Animal Hospital. For legal and insurance purposes, all volunteers, interns and visiting scholars must agree to and acknowledge the following terms.

TERMS OF VOLUNTARY SERVICE TO HILTON ANIMAL HOSPITAL

For the purposes of this document, herein after referred to as "Release," the party intended to be a Volunteer, Intern or Visiting Scholar, shall hereafter be referred to as "I," "Volunteer/Intern/Visiting Scholar" or "me." Hilton Animal Hospital, and its owners, associates, employees and agents, acting within the course and scope of their duties, shall hereafter be referred to as "Hospital" or "HAH." My, the Volunteer's/Intern's/Visiting Scholar's, successors, assignees, heirs, guardians and legal representatives shall be referred to as "my Representatives." The voluntary service provided to the Hospital or on the Hospital's behalf by the Volunteer/Intern/Visiting Scholar shall hereafter be referred to as "my Activity" or "Activity."

The Volunteer/Intern/Visiting Scholar hereby freely, voluntarily, and without duress executes this Release under the following terms:

1. Volunteer's/Intern's/Visiting Scholar's Participation: I am providing service to the Hospital voluntarily, without pressure or coercion. I agree that I perform this service for educational, civic, charitable or humanitarian reasons. I am providing service **without expectation of payment or reimbursement**. I understand that the work I perform will in no way be construed as an obligation to provide me with future paid employment, either permanent or temporary. I further understand that HAH will not cover me by any insurance including but not limited to medical, property, health, liability insurance and workers' compensation benefits. I further agree that my Activity at HAH may be terminated at any time by HAH or by me.

2. Waiver of Liability, Assumption of Risk, and Indemnity Agreement Waiver: In consideration of the opportunity afforded me to participate in the Activity, I do hereby release and forever discharge and hold harmless the Hospital and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my Activity. I understand that this Release discharges HAH from any liability or claim that I may have against HAH with respect to any bodily injury, personal injury, illness, death, property loss, or property damage that may result from my Activities with HAH. I understand and acknowledge that potential risks to my health and personal property may be associated with my participation in the Activity, and I voluntarily assume those risks. I also understand that HAH does not assume any liability for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness, as outlined in Section 1 above and Section 3 below.

3. Medical Treatment and Preexisting Medical Conditions: I do hereby release and forever discharge the Hospital from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my Activity with HAH. I further certify that I have informed any supervisors of my Activity of any relevant pre-existing health problems, insect, food or medication allergies and will provide for myself any appropriate medication to treat these health problems. In relation to the above certification on preexisting medical conditions, I do hereby also release and forever discharge the Hospital from any claim whatsoever that arises from any complication of are exacerbation of any pre-existing medical conditions.

4. Permission for Use of Name, Image and Statements: I hereby grant to the Hospital permission to reproduce my, name, likeness, identity, voice, photographic image, in any publication of the Hospital intended for, educational, promotional, fund-raising or other related use, including but not limited to, film broadcast, printed publications, web pages and web-based publications, associated with HAH. By signing this form, I waive and release the Hospital from any claim or liability relating to the use of my name, likeness, identity, voice, photographic image. I will receive no money or remuneration of any kind from the Hospital related to this permission and release or the materials covered by this permission and release.

5. This release shall be binding and enforceable against me and my Representatives. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Virginia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Virginia. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

6. I understand that as a volunteer for Hilton Animal Hospital, I will be working with injured or ill animals and wildlife. I assume all risks associated with volunteering at Hilton Animal Hospital, including but not limited to, the risk of injury or disease transmission from the animals and wildlife. I understand that there is always a risk of injury and/or property damage involved when working with animals, especially during activities related to treatment, handling, transporting, and I agree to assume any and all such risks.

7. I understand that I am to exercise a high degree of care in carrying out my volunteer duties, and in doing so may still be subject to illness, injuries and damage. I hereby release and hold Hilton Animal Hospital, it's owners, employees and associates, harmless from liability for any and all actions, claims, damages, disabilities, liabilities and expense of any kind, type or nature that may arise in any manner whatsoever out of my activities as a volunteer. This release and waiver extends to all claims of every kind and nature whatsoever, foreseen and unforeseen, known and unknown.

8. I understand that I cannot work with any x-ray emitting radiology equipment.

I have carefully read this Release. I understand that in signing this document, I am giving up significant rights in exchange for being able to participate in the Activity.

Name of Volunteer/Intern/Visiting Scholar	Signature of Volunteer/Intern/Visiting Scholar	Date
Name of Parent or Guardian (If Volunteer/Intern is under 18)	Signature of Parent or Guardian (If Volunteer/Intern is under 18)	Date
Name of Volunteer's/Intern's/Visiting Scholar's Supervisor	Signature of Volunteer's/Intern's /Visiting Scholar's Supervisor	Date