SNAP VOLUNTEER CONTRACT
SPAY NEUTER ASSISTANCE PROGRAM, INC.

EMAIL: adoptions@snapofpa.org
WEBSITE: https://www.snapofpa.org/
FB: https://www.facebook.com/SpayNeuterAssistanceProgram
FORM SUBMISSION: Adoptions@SNAPofPA.org

I, _____, the undersigned volunteer of Spay Neuter Assistance Program, INC (SNAP), understand that I am not an employee, agent, subcontractor or independent contractor of or any agent of Spay Neuter Assistance Program, INC (SNAP).

I acknowledge that while Spay Neuter Assistance Program, INC (SNAP), will take every reasonable precaution to minimize the potential of danger posed by the animals under its care, it is never possible to guarantee the temperament and/or behavior of any animal at all times and under all circumstances.

I further understand that Spay Neuter Assistance Program, INC (SNAP) will not provide me with any pay, compensation, insurance, workers compensation or any other benefit to which an employee may be entitled.

In consideration of my volunteering for Spay Neuter Assistance Program, INC (SNAP) in an administrative capacity or for the purpose of general handling of animals, I, the undersigned, hereby **release, forever discharge and agree to indemnify and to hold harmless** Spay Neuter Assistance Program, INC (SNAP), it's Officers, Directors, & Animal Partners from and against any and all liability, claims or demands for personal injury, sickness or death as well as property damage and expenses, and including, without limitation, attorney fees and court costs and any and all other liabilities of any nature whatsoever which may be incurred by me or which may arise from my activities as a volunteer.

_____ In addition, in consideration of my volunteering for Spay Neuter Assistance Program, INC (SNAP), I agree that when using a vehicle on behalf of Spay Neuter Assistance Program, Inc., whether owned, leased, rented, or borrowed, I will hold Spay Neuter Assistance Program Inc., its officers, agents, and assigns, harmless against any and all claims, damages, losses, liabilities, costs, or expenses of every kind and nature, including but not limited to personal injury, property damage, or third-party claims, arising out of or in connection with the use, operation, or control of such vehicle. This shall apply to any and all incidents occurring during the period of use, whether on public roads, private property, or other premises, and whether caused by the other party's own actions, the actions of any driver or operator, or any third party. In addition, I agree to maintain at all times during the period of use, valid and enforceable insurance coverage for the vehicle including but not limited to liability, collision, and comprehensive coverage, naming me as the insured.

By signing this form, I am acknowledging that I have read, understand, and agree to the contents of this Release/Hold Harmless Contract in its entirety. If any provision of this contract is for any reason unenforceable, the remainder of the contract shall remain in full force and effect. I also agree to a background check being performed as a precaution to protect the donations/money collected for the SNAP organization, the organization itself, and all SNAP volunteers.

My birth date is _____/_____/_____

Agreed to this _____ day of _____, 20_____

_____ _____
Clearly Print-Volunteer Name Volunteer Signature

Street Address _____ Apt # _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Note: Volunteers must be 18 years of age or older.