



**PLEASE READ CAREFULLY BEFORE SIGNING**  
**La Plata County Humane Society**  
**Agreement for Assumption of Risk, Waiver and Release of Liability and Indemnification**

It is the purpose of this agreement to exempt, waive and relieve the La Plata County Humane Society, its board members, sponsors, staff, and volunteers; each of their officers, directors, agents and employees (collectively referred to as the "Society") from liability for personal injury and property damage arising from the actions of the Society as a result of any cause. In consideration of being allowed to participate in the activity covered by this Agreement the undersigned Participant acknowledges and agrees as follows:

Participant desires to participate in the following activity either sponsored by the Society or taking place on Society premises:

Volunteer activities - dog walking, cattery work, puppy playtime, mobile pets and any others that work with animals

By participating in this activity, Participant will be in close contact with dogs, cats and other animals that are in the custody of the Society. Many of these animals are strays and may be scared, hurt or injured. The Society frequently has little or no information on their medical condition or temperament. Some animals may have infectious diseases or parasites that can be transmitted to humans. Some animals may have unpredictable temperament and may; under circumstances that cannot be foreseen by the Society because of its limited knowledge of any particular animal, attack and cause injury to humans or other animals, including the Participant.

Participant (and Participant's parent(s)/guardian(s), if applicable) understand that animal contact involves risks and inherent dangers to the Participant including, but not limited to, the following:

-Bites -Scratches -Lacerations -Abrasions -Broken bones -Allergic reactions -Exposure to parasites, such as fleas, ticks and ringworm -Exposure to infectious diseases, such as rabies -Death

These risks and dangers may be caused by the actions of the Participant or others.

Participant (and Participant's parent(s)/guardian(s), if applicable) knowingly assumes all risks of injury, whether identified above or not, and risk of death may result from Participant's voluntary choice to participate in the activity described in this Agreement and assume full responsibility for participation in this activity.

Participant understands that they are solely financially responsible for any and all necessary medical care resulting from injury occurring while volunteering at LPCHS, whether on-site or off-site at associated LPCHS activities.

Participant hereby waives and releases the Society from all claims, liabilities, causes of action, and damages that in any way arise out of, are connected with, or result from participation in this activity covered by this Agreement.

Participants agrees that if Participant makes any claim or brings any suit against the Society that in any way arises out of participation in the activity covered by this Agreement, and such claim or suit is determined by court of competent jurisdiction to have arisen out of the dangers inherent to participation in the activity covered by this Agreement, Participant will pay costs and attorney fees incurred by the Society in the defense of such claim or suit, the enforcement of this Agreement, and/or the collection if such costs and attorney fees.



Participant agrees to defend and indemnify the Society for any loss or damage that results from claims or lawsuits for personal injury, death and/or property loss or damage related in any way to the participation in the activity covered by this Agreement.

By signing below, the participant is attesting to the fact that participant is 18 years of age or older and has read fully understands the contents of this Agreement. Participant has had an opportunity to ask questions about the meaning of this Agreement before signing it. No oral representation, statements, or inducements apart from this document have been made to the Participant and Participant signs Agreement voluntarily and with full knowledge of its significance. DO NOT SIGN BELOW UNLESS 18 YEARS OF AGE OR OLDER.

\_\_\_\_\_  
**PARTICIPANT SIGNATURE**

\_\_\_\_\_  
**PARTICIPANT NAME (Please Print)**

\_\_\_\_\_  
**DATE SIGNED**

As the Parent or Legal Guardian of the Participant, I hereby acknowledge that I have read and understand the contents of this Agreement, have been given an opportunity to ask questions about the meaning of this Agreement before signing it, and no oral representations, statements, or inducements apart from this document have been made to me and I sign this Agreement voluntarily and with full knowledge of its significance. I understand that by signing this Agreement, I am knowingly and voluntarily releasing or waiving the Participant's prospective claims for negligence against the Society, as permitted by section 13-22-107(3) of the Colorado Revised Statutes.

Furthermore, I understand that I may have my own claims if the Participant is injured while participating in the activity covered by the Agreement for such things as, but not limited to, loss of Participants services, medical and educational expenses resulting from the injury and the Participants lost earnings, I understand that by signing this Agreement, I am also knowingly and voluntarily releasing such claims of the Participants Parent or Legal Guardian.

\_\_\_\_\_  
**PARENT OR GAURDIAN SIGNATURE (if under the age of 18)**

\_\_\_\_\_  
**PARENT OR GAURDIAN NAME (please print)**

\_\_\_\_\_  
**PRINT NAME OF PARTICIPANT**

\_\_\_\_\_  
**DATE SIGNED**