

CAAN Community Animal Allies of Niagara

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

- I. I understand and acknowledge that Community Animal Allies of Niagara ("CAAN") is a service delivered through a charitable, nonprofit organization. I understand and acknowledge that all funds of CAAN are used for the direct benefit of and service to its clients; therefore, if I am injured while acting as an unpaid volunteer in any capacity whatsoever, I understand and acknowledge that I will seek any necessary medical treatment under *my own health insurance coverage*. I further understand and acknowledge that I am not covered any workplace safety and insurance laws.
- II. I _____, hereby acknowledge that I have voluntarily applied to be a volunteer for CAAN.
- III. Driver: I hereby certify that a valid Ontario driver's licence, _____ is in my possession, and that automobile insurance required by the Province of Ontario is in full force and effect (insurance carrier _____, policy _____). I shall notify CAAN of any changes relating to my driver's licence or insurance, including but not limited to suspension, revocation or expiration. All information received by CAAN will be treated as confidential and will not be disclosed.
- IV. I am aware that volunteering for CAAN can be a potentially hazardous activity, and I acknowledge that the potential hazards have been explained to and discussed with me.
- V. In particular, I understand that serious accidents occasionally occur, and that volunteers occasionally sustain serious injuries. Knowing the risk of participating as a volunteer for CAAN, I agree to assume those risks.
- VI. I hereby forever discharge CAAN, its agents, directors, employees, volunteers, successors and assigns, from any and all actions, causes of action, claims and demands for damages, loss or injury, howsoever arising, which may hereafter be sustained by me in consequence of my participation as a volunteer for CAAN, even if such damages, loss or injury arise out of negligence or gross negligence on the part of the persons or entities discharged by this release.
- VII. I further agree not to make any claim or take any proceedings against any other person or entity who might claim contribution or indemnity, under the Negligence Act and the amendments thereto, from the persons or entities discharged by this release.
- VIII. I further agree to hold harmless the persons and entities discharged by this release in the event that they are met with any claims pursuant to the Family Law Act.
- IX. This release binds my heirs, executors, administrators, and assigns.
- X. I hereby declare that I fully understand the terms of this release, and have had the opportunity to seek independent legal advice with respect to them.

Volunteer:

Signed _____ Date _____

Print Name _____

Parent or guardian if volunteer is under 18 years old:

Signed _____ Date _____

Print Name _____

Witness:

Signed _____ Date _____

Print Name _____