

**OPERATION GIT-MEOW
VOLUNTEER WAIVER AND RELEASE**

I, _____ agree to volunteer with Operation Git-Meow (“OGM”).

Release from Liability/Indemnification _____ Initial

I _____, recognize that working with cats and kittens may place me at physical risk, and I agree to assume that risk. I realize that although OGM has taken all reasonable measures to protect me, accidents and injuries may still occur. Therefore, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in fostering, transporting, assisting at adoption fairs, fair set up and clean up, caring for cats at fair locations, and any other volunteer activity that puts me in contact with an OGM cat. (collectively, “*Volunteer Activities*”).

Further, I, for myself and my heirs, executors, administrators, and any child under 18 for whom I am signing this waiver and release as legal guardian (each, a “*Releasor*”), hereby release, waive and discharge OGM and its officers, directors, employees, agents and other volunteers (collectively, “*Released Parties*”) of and from any and all actions, damages or claims that I or any Releasor may have against any Released Party for, on account of, by reason of, or arising in connection with, such Volunteer Activities or my participation therein, and hereby waive all such claims, demands and causes of action. Neither I nor any Releasor will make any claim against any Released Party for any injury or damage suffered by me, any Releasor, or any other party that occurs as a result of, or in connection with, my participation in the Volunteer Activities.

Further, I agree to indemnify and hold harmless each Released Party from and against, and to reimburse such Released Party for, any liability, loss, claim, damage or expense of any kind or nature in any way relating to or arising from my participation in such Volunteer Activities to which a Released Party may become subject.

If I am injured during the course of, or as a result of, my participation in the Volunteer Activities, I authorize OGM to seek emergency medical treatment on my behalf. I understand that I may be responsible for medical costs incurred while treating such injury.

Understanding and Acceptance of Volunteer Status _____ Initial

I fully understand and agree that I am providing my services and participating in the Volunteer Activities in a volunteer capacity without any expressed or implied promise of compensation and that I am not entitled to any benefits, including employment insurance or workers’ compensation benefits. I agree to perform my volunteer duties to the best of my ability and to adhere to the guidelines explained to me. I further understand that my volunteer involvement may be terminated for reasons determined to be reasonable to OGM officers or directors. I agree not to represent myself to any third party as being a decision maker for OGM.

