OPERATION GIT-MEOW VOLUNTEER WAIVER AND RELEASE

agree to volunteer with Operation Git-Meow ("OGM").

Release from Liability/Indemnification

I,

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.

Photo Release Initial

In connection with my participation in the Volunteer Activities, I understand my photo may be taken at various events and projects. By signing below I also hereby grant OGM permission to use my likeness in photographs and/or videos in any and all of its publications or on its website and social media tools. I will make no monetary or other claim against OGM for the use of such photographs or videos.

General Initial

I expressly agree that this Waiver and Release is intended to be as broad and inclusive as permitted by the Commonwealth of Virginia where OGM is incorporated, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known mental or physical condition that would impair my capability for full participation in the Volunteer Activities as intended or expected of me.

I am at least 18 years of age. I have carefully read the foregoing Waiver and Release and understand the contents thereof and sign this Waiver and Release as my own free act with full knowledge of its significance.

Signature of Volunteer		Date	Printed Name
If the volunteer under 18 years of age	e, parent or guardi	an must read an	d sign the following:
This Waiver and Release, its signific minor.	ance, and assump	tion of risk have	e been explained to and are understood by the
Signature of Guardian		Date	Printed Name
Signature of OGM representative		Date	Printed Name
Volunteer Information:			
Name			
Addresses (house number here, and	l perm Conus):		
Phone (H)	(W)		(C)
Email			
Departure Date from GTMO:_			
How many hours do you want	to earn while	you are here?	
Do you want to help once you	get to the State	es?	