



Agreement and General Release for Adult Volunteers and Non-employee Interns

Please return this completed form to The Oasis Sanctuary site office. It will be kept on file for your future volunteer service, if any.

Printed name: _____

1. Voluntary Acknowledgement and Participation. I acknowledge that I have voluntarily agreed to serve as a volunteer for Oasis Sanctuary Foundation LTD, a nonprofit corporation organized under the laws of the State of Arizona (“The Oasis”). I am referred to as a “Volunteer.” I offer to perform as a Volunteer of my own volition. No one has demanded that I participate in any activity with The Oasis Sanctuary.

2. Nature and Scope of Services. As a Volunteer, I will be contributing my time and effort to performing a wide range of Services (collectively, the “Services”). The Services will be performed by me as assigned by an officer, director or employee of The Oasis. In the course of performing the Services, I agree:

- To perform to the best of my ability the tasks assigned to me. I acknowledge that my role is as a member of a team and I will defer to staff members and leadership for direction.
- To complete all required orientation, training, and paperwork relating to my volunteer position(s).
- To be dependable, reliable and professional in carrying out my duties while representing The Oasis.
- To seek and accept constructive feedback on my performance. I understand that, in the event of poor or unsatisfactory performance or poor attendance, The Oasis has the right to dismiss me, and that either I or The Oasis can terminate this relationship at will (at any time, for any reason or for no reason at all).
- To disclose any physical or psychological limitations to appropriate staff before participating in any activity. Since I may be interacting with animals, both healthy and sick, big and small, and may be lifting, carrying, moving, or otherwise engaging in physical labor, I will be respectful of my own limitations and inform staff immediately of any such limitations.
- To read and to obey all safety rules and regulations. In the interest of the safety of the animals, staff, and volunteers, I acknowledge that The Oasis has the right to revoke volunteer privileges if these rules and regulations are not followed.
- To treat all Oasis staff, volunteers, the animals, property, tools, and equipment with respect and kindness. I will also return all Oasis property when my volunteer relationship ends.

3. No Compensation. I understand that The Oasis is a nonprofit corporation whose activities are charitable in nature and that neither The Oasis nor any other person or entity will be compensating me for my participation in the activities of the organization or for providing the Services. I agree that I am not and will not become an employee, partner, agent, contractor or principal of The Oasis upon execution of this agreement or the performance of the Services. I agree to provide my Services without compensation.

4. Responsibility for My Own Acts and Omissions. I hereby agree to be legally and financially responsible for my own acts and omissions relating to the performance of Services. I acknowledge that I am responsible for providing my own medical, liability, and auto insurance during my volunteer service. I understand that I am not covered by workers' compensation or by any other form of primary insurance coverage by The Oasis. I further understand that after benefits have been paid by my own insurance company, I may submit claims to The Oasis' Volunteers Insurance Service, which is a Full Excess Only policy.

5. Assumption of Risk. I understand that during the course of performing the Services, I may come into contact with and interact with animals, and that such work entails risk of personal injury due to proximity to animals, dangerous equipment, and other considerations. These risks include, but are not limited to, being bitten, kicked, clawed, tripped, and possibly exposed to zoonotic diseases. **I am voluntarily participating in the activities of The Oasis with full knowledge of the risks and dangers involved and hereby agree to assume full responsibility for any and all bodily injuries or damages to myself and/or my personal property which I may sustain while being on The Oasis Property. I verify this statement by placing my initials here:** _____ **[PLEASE INITIAL HERE]**

6. Audio-Visual Images and Work Product. I understand that the activities of The Oasis are potentially of interest to donors, foundations, contributors, government officials and the public at large, and that in connection therewith such activities, and the volunteer participants therein, may be recorded on film, video or other electronic recording media. I hereby consent to such recording and to the use by The Oasis of any recorded images or other media recordings of my name and likeness ("A-V Recordings") for any purpose related to furtherance of the objectives of The Oasis. In particular, I grant The Oasis permission to copyright and use, reuse, publish, and republish A-V Recordings, without restriction as to changes or alterations, for art, advertising, trade, or any other purpose. Further, I understand that the product of all work I perform as a volunteer for The Oasis will be the property of The Oasis and that The Oasis will have the sole right to use, sell, license, publish, or transfer any such work product, including all media and mechanical and electronic formats. I will disclose any such work product to The Oasis and assign all rights thereto to The Oasis.

7. Release. As consideration for being permitted by The Oasis to participate in activities and provide Services, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of The Oasis for injury or damage resulting from any act, omission, negligence or other acts, howsoever caused, by any employee, agent, contractor, or representative of The Oasis as a result of my participation in activities and performance of the Services and any A-V Recordings.

I hereby release The Oasis from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in activities and performance of the Services.

I hereby release The Oasis from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for any lost, stolen or damaged to all items considered to be my personal property.

8. Confidentiality. During my association with The Oasis and thereafter, I will keep confidential, refrain from disclosing to others, and use only in the performance of my volunteer duties, all confidential information of Oasis Sanctuary Foundation LTD that I develop or learn about during the course of my association. I understand that this agreement covers all confidential business and technical information and know-how of or about The Oasis which is not generally known to

persons outside of The Oasis and which I have not been specifically authorized to disclose or use.

Examples of confidential information include, but are not limited to, information on finances, membership and donors, volunteer performance, research and development, the condition of sanctuary animals, campaigns, outreach programs and information received from others that Oasis Sanctuary Foundation LTD has agreed to keep confidential.

9. Duties of The Oasis.

The Oasis agrees to:

- Provide orientation and training to assist you in having a successful volunteer experience.
- Provide you with a staff supervisor to provide ongoing support.
- Provide feedback on your volunteer work and assist you in recording your volunteer hours.
- Provide a reference letter regarding your volunteer service, if requested.

10. Knowing and Voluntary Execution of This Agreement. I hereby represent that I have carefully read this agreement and fully understand it to be a release of all claims, known or unknown, present or future, that I have or may have against the parties released, arising out of the matters described. I further represent that I am of legal age and legally competent to execute this agreement and that I do so of my own free will and accord without reliance on any representation of any kind or character not expressly set forth herein.

11. Term of Agreement. I acknowledge that this agreement will apply to the entire term of my volunteer relationship, starting with the date I first perform volunteer duties for The Oasis, even if it pre-dates the date of this agreement, and continuing as long as I continue to be a Volunteer and thereafter as is necessary to protect the interests and rights of The Oasis arising herein with respect to confidentiality and use of my work products and or A-V material as authorized above.

12. Governing Law. This agreement will be governed by and construed in accordance with the laws of the State of Arizona.

Volunteer Signature _____ Date _____

Address: _____

Phone Number: _____

Oasis Sanctuary Foundation LTD

By _____

Date _____

Title _____

Guardian Consent – (For Volunteers Under Age 18)

I have read this Oasis Risk Assumption Agreement and General Release and discussed with and explained its meaning to _____ (the applicant). I hereby approve, agree and give my consent to _____'s participation as a volunteer at The Oasis, in accordance with the terms of this Agreement and agree to the terms and conditions of this Agreement.

Parent/Guardian Signature

Parent/Guardian Print Name

Date: _____ Contact Number: _____

Oasis Sanctuary Foundation LTD

By _____ Date _____

Title _____

Authorization For Emergency Medical Treatment

The undersigned hereby grants to an Executive Director or Board Member of Oasis Sanctuary Foundation, Ltd. ("The Oasis") the authority to make health care decisions with respect to the volunteer if the Emergency Contact is unavailable to make such decisions.

Volunteer Signature _____ Date _____

Parent/Guardian (if under 18) Signature _____ Date _____

EMERGENCY CONTACT INFORMATION

Name _____

Relationship _____

Day Phone _____

Evening Phone _____

Cell Phone _____

Please list any medical conditions and/or any current medications you are using that might affect your volunteer duties or that Oasis Sanctuary Foundation, Ltd. should be aware of in case of an emergency (i.e. bee sting allergies, medication allergies, asthma, back pain, history of seizures, etc.), or any reason (medical, physical or psychologically) that may deem working with animals, other volunteers or the staff inappropriate.
