

MICHIGAN ANIMAL ADOPTION NETWORK

P.O. Box 566
Roseville, MI 48066
Tel: 248-545-5055 Fax: 586-731-7778
Email: miaan@att.net website: www.mi-aan.org

VOLUNTEER LIABILITY WAIVER

I acknowledge that I will be performing volunteer services for the Michigan Animal Adoption Network (MAAN), a Michigan non-profit organization. I further understand that certain risks may be associated with such volunteer activities. In consideration of being permitted to perform such volunteer services for MAAN, I voluntarily and knowingly sign this waiver with the express understanding of waiving all rights or causes of action involving, without limitation, bodily injury or property damage to myself while I am engaged, directly or indirectly, in such volunteer services, whether caused by the negligence of the MAAN or its officers, directors, agents, and employees.

Further, I shall indemnify, defend, and hold harmless the MAAN and its officers, directors, agents, and employees from and against any and all liability, damage, loss, cost, and expense incurred as a result of any claim, demand, or cause of action brought against MAAN, its officers, agents, or employees, jointly or individually, for bodily injury or property damage suffered as a result of my negligent, reckless, or willful action in the performance of the volunteer services or as a result of the failure to perform the volunteer services.

Animal Care Network Volunteers: Only our weekly team activities in Pontiac / Inkster, our participation in Protect-A-Pet free vaccination clinics, and other specifically designated ACN activities will be considered authorized. Unauthorized ACN activities will result in immediate dismissal of the volunteer from both the ACN and MAAN.

NOTE: Posting of ANY Animal Care Network photographs on facebook, twitter, flickr, evite or any social networking site is strictly prohibited. Failure to comply may result in dismissal from the organization.

Please check all options that you are volunteering for:

Animal Care Network _____
Adopt a Pet Program _____
Animal Foster Care _____
Dogs _____ Cats _____ Both _____ (additional paperwork will need to be filled out)
Special occasions/promotions _____
Vaccine Clinics _____

Name

City, State, Zip Code

Work telephone

Cell telephone

Address

Home telephone

Email address

I have read, understand and agree to the above liability waiver.

Signature

Michigan Animal Adoption Network Representative

Date

Together everyone accomplishes more

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