



THE ANIMAL MEDICAL FUND FOUNDATION

Volunteer Acknowledgment & Assumption of Risk

✿ I understand that my participation as a volunteer with The Animal Medical Fund Foundation is completely voluntary and unpaid.

I acknowledge that volunteer activities may involve inherent risks, including but not limited to:

- Social Media/marketing
- Interaction with animals
- Physical activity
- Travel to and from events
- Participation in fundraising or public events

I voluntarily assume all risks, known and unknown, associated with my participation.

Release of Liability

To the fullest extent permitted by law, I hereby release, waive, and discharge The Animal Medical Fund Foundation, its directors, officers, employees, volunteers, partners, and affiliates from any and all claims, liabilities, demands, or causes of action arising out of or related to my participation as a volunteer, including injury, illness, property damage, or loss, whether caused by negligence or otherwise.

✿ Medical Treatment Authorization ✿

I authorize The Animal Medical Fund Foundation to obtain emergency medical treatment on my behalf if deemed necessary. I understand that I am responsible for any medical expenses incurred.

✿ Photo, Video & Media Release ✿

I grant permission to The Animal Medical Fund Foundation to use photographs, video recordings, or other media of me taken during volunteer activities for promotional, educational, marketing, and fundraising purposes, without compensation.

I do NOT grant permission for photo/video use (initial here): _____

I do grant permission for photo/video use (initial here): _____

🌿 Code of Conduct 🌿

I agree to:

- Act respectfully and professionally at all times
- Follow all Foundation policies and safety guidelines
- Treat animals, staff, and fellow volunteers with care and respect

I understand that the Foundation reserves the right to terminate volunteer participation at any time.

🌿 Volunteer Information 🌿

Full Name: _____

_____ Signature: _____

Date of Birth: ____ / ____ / ____

Phone Number: _____

Email Address: _____

Address: _____

City _____ State _____ Zip _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

🌿 Minor Volunteer Consent (Under 18 Years of Age) 🌿

If the volunteer is under 18, a parent or legal guardian must complete this section.

Minor's Full Name: _____

Minor's Date of Birth: ____ / ____ / ____

I am the parent or legal guardian of the above-named minor. I consent to their participation and agree to all terms of this waiver on their behalf.

Parent/Guardian Name: _____ Relationship to Minor: _____

Parent/Guardian Signature: _____ Date ____ / ____



Thank you for your interest in The Animal Medical Fund Foundation Volunteer opportunities. Your application will be reviewed once completed and submitted. We will email you with the information about our Volunteer program.

www.Theanimalmedicalfundfoundation.com

Care@theanimalmedicalfundfoundation.com