

## Volunteer Indemnity Agreement

By signing the document below, I hereby agree to and certify the following:

I agree to abide by the guidelines set forth by APWAP.

I understand that neither, APWAP, or its officers, directors, members, agents, or employees, may be held liable in any way for any occurrence in connection with any activities which may result in injury, death, or damages to myself or family.

I understand that APWAP assumes no legal liability for the actions of me or my pet in our roles as certified APWAP members. I have read and understand the volunteer liability coverage placed on me as a volunteer.

I hereby indemnify, defend and hold harmless APWAP, its officers, directors, members, agents or employees from and against all claims, losses, liabilities, and damage to persons or property, whether foreseen or unforeseen, fees arising out of the acts, including but not limited to interactions with residents, patients, or others in facilities to which I may take my pet, demonstrations involving my pet, or transportation of my pet to or from facilities or within facilities.

I further save and hold harmless APWAP and its officers, directors, members, agents, or employees from any claim by my family, or me or any other party, arising out of my participation in these activities.

I certify that I have fully read and understand the contents of this Indemnity Agreement and Release. I am of lawful age and legally competent to sign this agreement and release, or my legal guardian has executed the same in his/her capacity. I understand the terms set forth herein are contractual.

In witness whereof, I have executed this Indemnity Agreement and Release on

\_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Home address \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact & phone number \_\_\_\_\_

**Signature:** \_\_\_\_\_  
(If under 18, parent or legal guardian must sign below.)

Parent or legal guardian signature: \_\_\_\_\_

