



Summerside

Vet Hospital

6941 Ellerslie Rd SW, Edmonton, AB T6X 2A1

780 466 4030

summersidevet@gmail.com

780 466 4041

Volunteer Release and Waiver of Liability Form

I have read over and completed the online Volunteer Application form. (*Initial here*) _____
<https://summersidevet.com/volunteer-with-us/volunteer-application-form>

Please upload this waiver form with the online application form

This Release and Waiver of Liability executed on _____ (date)
by _____ (“Volunteer”) releases Summerside Veterinary Hospital, a veterinary practice organized and existing under the laws of the province of Alberta and each of its directors, officers, employees, and agents.

The volunteer desires to provide services for Summerside Veterinary Hospital and engage in activities related to serving as a volunteer. The volunteer understands that the scope of their relationship with Summerside Vet Hospital is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer. Summerside Vet Hospital will not provide any benefits traditionally associated with employment to Volunteer. The Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to Summerside Vet Hospital.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless

Summerside Veterinary Hospital and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Summerside Vet Hospital. I understand and acknowledge that this release discharges Summerside Vet Hospital from any liability or claim that I may have against Summerside Vet Hospital with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Summerside Vet Hospital or occurring while I am providing volunteer services.

2. Insurance; Medical Treatment: Further I understand that Summerside Vet Hospital does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Summerside Veterinary Hospital in the event of injury or medical expenses incurred by me. I hereby release and forever discharge Summerside Vet Hospital from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Summerside Vet Hospital.

4. Assumption of Risk: I understand that the services I provide to Summerside Vet Hospital may include activities that may be hazardous to me including, but not limited to:

- working near/with ill, stressed and injured animals
- working with cleaning chemicals
- working near x-ray radiation & anesthetic gases

And other tasks involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and release Summerside Veterinary Hospital from all liability.

5. Photographic Release: I grant and convey to Summerside Vet Hospital all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Summerside Vet Hospital in connection with my providing volunteer services to Summerside Vet Hospital.

6. Confidentiality: I understand that as a volunteer at Summerside Vet Hospital I may be privy to information that is confidential. This information is the exclusive property of the employer and therefore it is not to be discussed outside of the hospital.

The term & quote; confidential information" refers to all data/information relating the business, including but not limited to, the following:

- Client/patient information
- Quantity/specifications of products and service
- Staff members contact information/personal details

Paperwork containing confidential information must be shredded after its intended use. These documents are not to be re-used in any way, even as scrap paper. If unsure how or if information should be disclosed, I will seek immediate assistance from management.

7. Social Media: Photos/videos taken in connection with the clinic, including those taken on the personal cellphones, are the property of the clinic. They may be used for promotional purposes including on the hospital's website, social media and in printed form. A release form should be signed by the client before photos are published online or in Summerside Vet Hospital's social media. **Sharing patient or client photos/videos on personal social media is forbidden. Doing so violates client/patient confidentiality and is cause for termination.**

6. Other: As a volunteer, I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the province of Alberta and that this release shall be governed by and interpreted in accordance with the laws of the province of Alberta. I agree that in the event that any clause or provision of this release is deemed invalid, the enforceability of the remaining provisions of this release shall not be affected. By signing below,

I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Volunteer Name (Print clearly): _____

Signature (Or parent/guardian if under 18): _____

Date: _____