



4704 Corporation Drive
Fayetteville NC, 28306
Animal Services: (910) 321-6852
Volunteer Coordinator: (910) 438-4050

CUMBERLAND COUNTY ANIMAL SERVICES DOG'S DAY OUT PROGRAM VOLUNTEER AGREEMENT AND RELEASE

Thank you for your interest in Cumberland County Animal Services (CCAS) Dog's Day Out program. A Dog's Day Out is a unique program that allows volunteers to take shelter dogs for a day-long outing. By participating in the Dog's Day Out program, I agree to the following:

I, _____, acknowledge and agree that Cumberland County cannot and does not make any representations or warranties, expressed or implied, concerning the temperament, health, habits or background of any animal(s) that may be assigned to me, **ALL OF WHICH WARRANTIES ARE DISCLAIMED**, and that such animal(s)' future actions towards me, my family, and other persons may be unpredictable because animals, like people, have their own personalities and traits. I understand that animals may carry any number of zoonotic diseases (diseases that can be transmitted between animals and people), and that they may, or may not, show symptoms of those illnesses. Therefore, I **HEREBY RELEASE** Cumberland County and its officers, agents, employees, and volunteers from all claims of injury, illness, property damage, loss, expense, or liability which the foster animal(s) may cause (directly or indirectly) me, my family members, or my pets.

_____ I hereby agree to indemnify, defend and hold harmless the Released Parties, from and against all claims and demands whatsoever that may arise out of my volunteer activities.

_____ I agree that if I volunteer to transport any CCAS animal(s) in my personal vehicle for any purpose, I will 1) maintain at least the State-required minimum amounts of automobile insurance on the vehicle, and 2) release, indemnify and hold the Released Parties harmless from any claims arising from and/or related in any way to such animal's presence in my vehicle.

_____ I acknowledge and understand that I am a volunteer of CCAS. I am not eligible for CCAS Workers' Compensation or any other type of compensation or employee benefit in connection with my volunteer activities.

_____ By using the CCAS tags or the #dogsgiving hashtag in the images and other content I post on my social media accounts related to my volunteer activities, I hereby grant CCAS a non-exclusive, fully paid, worldwide, perpetual license to use, modify, publicly perform, publicly display, and reproduce my photographs, name, and likeness solely for marketing and promotional purposes.

_____ I certify that I am 18 years of age or older. I have received and read CCAS current version of the Dog's Day Out Manual and agree to abide by its requirements and guidelines. Further, I specifically agree to the following:

1. To care for and treat humanely any dog given to me.
2. To keep the dog on leash unless confined in my home or securely fenced yard.
3. To use reasonable care to ensure the safety and well-being of the dog in my care, the safety of other dogs, and the people the dog encounters.
4. To contact CCAS if the dog exhibits symptoms that indicate an illness/injury.
5. To keep the dog under my direct supervision at all times during the volunteer activity.

6. To immediately notify CCAS in the event of a missing or injured dog, if the dog bites any person or animal, or any other injury or accident that I witness or experience resulting from my volunteer activities.
7. That all dogs are the property of CCAS and shall not be sold, given away, or adopted out without prior approval of CCAS authorized personnel.
8. To provide any change of my personal information, such as name, address, or phone number.

_____ I understand that this Dog's Day Out Volunteer Agreement and Release is binding on my heirs, assigns and legal representatives. This Dog's Day Out Volunteer Agreement and Release form is executed by me voluntarily and without reliance upon any representation by any person.

BY SIGNING BELOW, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ AND UNDERSTOOD THE FOREGOING RELEASE, SIGN IT VOLUNTARILY, AND AGREE TO THE INDEMNITY AND WAIVER OF LIABILITY ABOVE.

Foster Signature

Date

CCAS Witness Signature

Date