PAWS FOR PURPLE HEARTS
WARRIORS HELPING WARRIORS

Waivers

Liability

I understand that working with dogs involves risks, including possible injury, illness, death, damage to or destruction of property, and I choose to volunteer with Paws for Purple Hearts of my own free will with full knowledge and acceptance of those risks.

I indemnify and hold harmless Paws For Purple Hearts from and against any and all claims, losses, liabilities and damage to persons or property, expenses, costs and/or attorneys' fees arising out of the acts or omissions of Paws For Purple Hearts, its directors, officers, agents or employees, and I agree that anything whatsoever that happens relating to the dogs, their training, or my volunteer work with dogs will not result in any claims against Paws For Purple Hearts, its directors, officers, agents or employees by me or anyone acting on my behalf for personal injuries or property damages.

If I volunteer through the Department of Veterans Affairs ("VA"), Department of Defense ("DOD"), a state Veterans services department, or similar host organization, I understand and agree that any claims I may have that are related to the program will be referred to the host organization and that the host organization may, at its own discretion, pursue those claims further.

_____

Volunteer Name

_____

Volunteer Signature Date

Confidentiality

As a volunteer with Paws for Purple Hearts, you are obligated by this policy to prevent certain information from being shared in any form with anyone who is not an employee of PPH without proper authorization.

I recognize that I may come into contact with information or materials at Paws for Purple Hearts (PPH) that is confidential and should not be shared with anyone outside of Paws for Purple Hearts. Such protected information includes:

- All PPH client information
- All PPH therapy/intervention participant information
- All PPH donor information (including all data in the PPH Salesforce database & the DonorSearch database)
- All PPH officer, employee, board member, and volunteer information
- All PPH dog training methods and practices
- All PPH therapeutic methods and practices
- All PPH staff training methods and practices
- All PPH administrative, technical, planning, strategy, financial, operational and other organizational practices or related documents.

I recognize the need to keep all protected information absolutely confidential and prevent its release to anyone other than those authorized. I agree to use the material only for the permitted application and not for any other purpose, including any actions that could be detrimental to the organization.

I agree not to remove the confidential information from its place of business. I understand that I have an obligation to maintain confidentiality for all written and oral information and materials regardless of how the information was communicated whether it was provided before or after this agreement was enacted. Confidential information also extends to any information provided by a third party.

I will not disclose any information regarding donors, staff, volunteers, therapeutic intervention participants, or service dog clients/applicants to anyone including said friends, family or employer and/or interested third parties.

The Paws for Purple Hearts training methods and canine assisted therapeutic intervention curriculum are proprietary and are shared with clients, volunteers, and therapeutic intervention participants solely for educational purposes.

These materials may not be copied or distributed without written permission from Paws for Purple Hearts.

I understand that if other organizations or individuals contact me regarding a donor, client, staff, participant, and/or volunteer at Paws for Purple Hearts that I should refer this request to Paws for Purple Hearts management.

All obligations regarding the protection of the confidentiality under this Confidentiality Agreement shall be effective for an indefinite period.

I will not, for a period of five years, solicit Paws for Purple Hearts clients without PPH approval.

I, the undersigned, do hereby acknowledge that in my volunteer role for Paws for Purple Hearts, I may have access to confidential information.

I agree that I shall not disclose any such confidential information maintained by Paws for Purple Hearts to any unauthorized person, and I will adhere to confidentiality guidelines of Paws for Purple Hearts.

I acknowledge and agree that disclosure by me of confidential information obtained by me in the course of my volunteer status could be the cause for termination from my volunteer position.

_____

Volunteer Name

_____

Volunteer Signature Date

Volunteer Code of Conduct

a. I will conduct myself in a professional manner at all times.
b. I will refrain from using inappropriate language.
c. I will not use Paws for Purple Hearts emblem, endorsement, services, or property of Paws for Purple Hearts unless authorized.
d. I will not publicly utilize any Paws for Purple Hearts affiliation in connection with the promotion of partisan politics, religious matters, or positions on any issue.
e. I will not disclose any confidential Paws for Purple Hearts information
f. I will consider information as privileged and not for public knowledge.
g. I will not operate or act in any manner that is contrary to the best interest of Paws for Purple Hearts.
h. I will not make false statements against Paws for Purple Hearts.

_____

Print Name

_____

Volunteer Signature Date

_____

Witness (PPH Employee) Date

Emergency Contact List

Name: _____ Date_____

In the event of an emergency, the staff at Paws for Purple Hearts may need to contact a designated person on your behalf. Completion of this form is optional and in addition to emergency contacts listed on the required medical authorization form.
Please list emergency contacts in the order you would like us to attempt to contact them.

Contact 1 Name: _____

Relationship: _____ Cell Phone: _____

Home Phone: _____ Email address:_____

Address: _____

Contact 2 Name:_____

Relationship: _____ Cell Phone: _____

Home Phone: _____ Email address:_____

Address: _____

Contact 3 Name:_____

Relationship: _____ Cell Phone: _____

Home Phone: _____ Email address:_____

Address: _____

Media Authorization and Release - (Optional)

Subject to the terms and conditions set forth herein this Agreement,
I,_____, do hereby irrevocably authorize Paws For Purple Hearts, its successors and assignees and those acting under its permission and on its authority to copyright, use, and publish for art, sales materials, advertising, promotion, packaging, trade or any other lawful purpose whatsoever, articles written or comments made by me as well as photographs, pictures, portraits or images, of me and/or my dog(s) or other animal(s), or in which I/we may be included, in whole or in part, or composite or distorted in character of form in conjunction with my/our own fictitious name, or reproductions thereof in color or otherwise, made through any medium. Any and all comments made by me are provided to Paws For Purple Hearts without receipt of any promise of consideration.

The undersigned warrants that he/she has the full power and authority to grant all of the rights conveyed hereunder and hereby waives any right that he/she may have to inspect or approve the finished product or the advertising or other copy that may be used in connection therewith or the use to which it may be applied.

The undersigned further agrees that this authorization and release shall be binding upon his/her heirs, executors, administrators, successors and assignees. The undersigned warrants that all comments made by me will accurately reflect the opinions and experiences of the undersigned and that the comments are true and correct to the best of the undersigned's knowledge and belief.

The undersigned further warrants that he/she is of full age and has every right to contract in his/her name in the above regard and further that he/she has read the above authorization and release, prior to its execution, and that he/she is fully familiar with the contents thereof.

_____

Volunteer Signature Date

COVID-19 ACKNOWLEDGMENT, WAIVER, AND RELEASE FORM ("FORM")

IN CONSIDERATION for being permitted to utilize the services of Paws for Purple Hearts (hereafter referred to as "Paws"), to visit our facility, and/ or to participate with us and/or our dogs for any purpose regardless of location, including, but not limited to: to observe, to use our (or our partners') facilities, to use our (or our partners') equipment, to engage in administrative or logistical activities, to attend therapeutic sessions, classes, public relations, fundraising or other events and activities, the undersigned on behalf of himself or herself, and any personal representatives, heirs, and next of kin (hereafter referred to as "the Undersigned") hereby acknowledges, agrees, and represents that he or she have inspected and carefully considered such premises, equipment, and facilities, and that the Undersigned finds and accepts same as being safe, and reasonably suited for use or participation by the Undersigned.

IN ADDITION, the Undersigned hereby agrees, represents, and warrants that he or she shall not visit or utilize the facilities, services, and programs of Paws if he or she (i) experience any symptoms of COVID-19, including, without limitation, fever, cough, or shortness of breath, or (ii) has a suspected or diagnosed/confirmed case of COVID-19, or (iii) has been exposed to COVID-19 in the prior 14 days.

FURTHERMORE, the Undersigned acknowledges and agrees to comply with Paws COVID-19 mitigation procedures and practices, including, but not limited to, temperature checks upon arrival conducted by Paws staff or agents, wearing face covers, practicing social distancing where possible, and other measures that may be taken to comply with federal guidelines, and federal, state and local requirements.

FURTHERMORE, the Undersigned acknowledges and agrees that, due to the nature of facilities, services, and programs offered by Paws, social distancing may not always be possible. The Undersigned fully understands, acknowledges, and appreciates both the known and potential dangers of utilizing the facilities, services, and programs of Paws, and acknowledges that use thereof by the Undersigned may, despite Paws' reasonable efforts to mitigate such dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

IN FURTHER CONSIDERATION of being permitted to participate with Paws for any purpose as described above, the Undersigned hereby agrees to the following:

THE UNDERSIGNED, on his or her behalf, hereby releases, waives, discharges, and covenants not to sue Paws, its officers, employees, volunteers, and agents and further, agrees to exempt Paws from all liability to the Undersigned, and all personal representatives, assigns, heirs, and next of kin of the Undersigned for any loss, damage, and any claim or demands on account of any property damage or injury to, or an illness, such as COVID-19, or the death of the Undersigned (or any person who may contract COVID-19, directly or indirectly, from the Undersigned) whether caused by the negligence, active or passive, of Paws or otherwise while the Undersigned is in, upon, or about the premises, or any facilities, or equipment therein, or is in contact with Paws staff, volunteers, or dogs, regardless of location. The Undersigned also, hereby agrees to indemnify, save, and hold harmless Paws, its officers, employees, volunteers, and agents from any loss, liability, damages, or costs they may incur, whether caused by the negligence, active or passive, or otherwise while the Undersigned is in, upon, or about the premises, facilities, or equipment therein, or participating in any program of Paws in any location whatsoever. The Undersigned understands and agrees that Paws does not provide insurance to cover the Undersigned in the event that he, or she, or they suffers illness, injury, death, property loss, theft, or damage of any sort upon, or about the premises, or facilities, or equipment therein, or participating in any program. The Undersigned further expressly agrees that the foregoing assumption of risk, release and waiver of liability, and indemnity agreement is intended to be as broad and inclusive as permitted by law, and that if any portion is held thereof invalid, the balance shall, continue to be in full legal force and effect.

I, being of sound mind , have carefully read, and voluntarily sign this assumption of risk, release and waiver of liability, and indemnity agreement, and further agree that no oral representations, statements, or inducements have been made to me.

Printed Name Signed Name Date