



P.O. Box 4746
Antioch, CA 94531
(925) 473-5027
Non-profit Tax ID #83-0466468
www.snipcat.org

TEEN VOLUNTEER WAIVER FORM

While volunteering with the Spay Neuter Impact Program clinic at Contra Costa County Animal Services Department, I give authorization to seek emergency medical treatment on my behalf in case of injury, accident or illness. I agree that if I am injured while acting as an unpaid volunteer, I am not covered by California State Workers Compensation Law. I waive any claim on my behalf of my heirs, representatives, and assigns, against the County of Contra Costa, the coalition of animal welfare organizations, and any agent, officer, or employee thereof for illness, injury, debts, or other harm arising from my volunteer services, whether or not authorized.

Name _____

Address _____

Telephone _____ Alternate Telephone _____

Emergency Contact _____ Telephone _____

Signature _____ Date _____

Signature of parent/guardian if under 18 years of age _____

Age if under 18 years _____