



## Downtown Dogs Volunteer Agreement

PLEASE PRINT CLEARLY

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

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Thank you for your interest in walking and socializing our dogs. Please read and abide by the following dog walking rules and initial each line AFTER reading.*

\_\_\_\_\_ Dogs can ONLY be walked by volunteers over the age of 18.

\_\_\_\_\_ Dog leashes must be held securely and wrapped around your hands a few times.

\_\_\_\_\_ Dogs must be kept on a short leash at all times.

\_\_\_\_\_ Never allow any of the dogs to be off-leash.

\_\_\_\_\_ Do NOT allow any dogs to interact with each other (because of aggression or illness)

\_\_\_\_\_ Dog must remain in harness and collar at all times.

\_\_\_\_\_ Dog should not drink from any puddles or standing water.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(e-signature is acceptable)



**“Downtown Dogs” Release Form**

This Waiver and Release of Liability, and Hold Harmless Agreement (“Agreement”) is between \_\_\_\_\_ (print name), an Angels of Assisi Adoption Center Approved Staff Member, Angels of Assisi, its directors, officers, members, employees, agents, assigns, legal representatives, and successors.

By my signature below, I hereby agree to and acknowledge the following: I am 18 years old or older; I am entering into this volunteer activity at Angels of Assisi freely and of my own volition; I understand that the animals at Angels of Assisi may be unpredictable and that Angels of Assisi is not an insurer of my safety. I assume all risks that may be associated with this activity. Further, I agree to WAIVE and RELEASE Angels of Assisi from all liability, manner of actions, causes of action, debts, contracts, claims, and demands for or by reason of any illness, death, damage, loss, or injury to person and property, which has been or may be sustained as a direct or indirect consequence of my volunteering at or for Angels of Assisi.

I agree to HOLD HARMLESS Angels of Assisi for any costs or liabilities that I may incur as a result of my volunteering at or for Angels of Assisi.

**I acknowledge and agree that I have carefully read this Agreement, that I fully understand the Agreement, and that I freely and voluntarily execute the same. I understand that I may seek independent advice prior to signing this Agreement. I understand that this Agreement is binding on me, my heirs, my executors, administrators, personal representatives and assigns and that this Agreement has important legal consequences. This Agreement will be construed in accordance with and governed by the laws of the Commonwealth of Virginia.**

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_  
(e-signature is acceptable)

**Angels of Assisi**  
**415 Campbell Ave SW**  
**Roanoke, VA 24016**



I, \_\_\_\_\_ (print name), have never been convicted  
of animal cruelty, neglect or abandonment.

\_\_\_\_\_  
Signature (e-signature is acceptable)

\_\_\_\_\_  
Date

This signed statement is required per Virginia Code 3.2-6546 B 2.