

## Northern California Association of Equine Practitioners Volunteer Agreement and Release of Liability

I,, HEREBY ACKNOWLEDGE that I have voluntarily applied to assist the Northern California Association of Equine Practitioners during a Pandemic.  I AM AWARE THAT TRAINING FOR, AND WORKING IN, A DISASTER SITUATION MAY BE HAZARDOUS, AND THAT I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH FULL KNOWLEDGE OF THE NATURE OF THE DANGER INVOLVED. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INFECTIOUS DISEASE, INJURY OR DEATH.	
Practitioners to assist in disasters and received considerations, I hereby agree that I, my heir not make a claim against, sue, attach the projection Practitioners, or any of its individual other acts, howsoever caused, by any volunted Association of Equine Practitioners or its affin any training or other function. In addition, Association of Equine Practitioners, any of its actions, claims, or demands that I, my heirs, have for injury or damage resulting from my Association of Equine Practitioners.  I HAVE CAREFULLY READ THIS AGE I AM AWARE THAT THIS IS A RELEATHE NORTHERN CALIFORNIA ASSOCIATION.	ng permitted by the Northern California Association of Equine edisaster relief training and instruction, or other like rs, distributees, guardians, legal representatives, and assigns will perty of, or prosecute the Northern California Association of volunteers, for injury or damage resulting from negligence or eer, employee, agent, or contractor of the Northern California iliates, as a result of my assisting in a disaster, or participating I hereby release and discharge the Northern California its individual volunteers, and its affiliate organizations from all distributees, guardians, legal representatives, or assigns may participation in any function involving the Northern California  REEMENT AND FULLY UNDERSTAND ITS CONTENT.  SE OF LIABILITY AND A CONTRACT BETWEEN CIATION OF EQUINE PRACTITIONERS AND ME,
AND I SIGN IT OF MY OWN FREE WI	LL.
Signature	Date
Witness's Signature	Date