

**My Caring Paws**

**Pet Therapy Services - Terms and Conditions Form**

***A Component Fund of the Community Foundation of Carroll County***

My Caring Paws pet therapy teams are comprised of volunteers and their registered pets to promote well-being and offer encouragement in our communities by sharing the power and benefits of human-animal interactions.

We are delighted that you are interested in the services that My Caring Paws provides. Please complete this form and review/sign during the facility onsite meeting or email as needed.

Name of Facility/Individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, the agreement / acknowledgment is the following:

1. Any use of the My Caring Paws name, logo, or slogan must be approved by My Caring Paws.
2. My Caring Paws is not the employer of any of its volunteers, regardless of any representations that may be made or perceived to the contrary.
3. Although My Caring Paws assists in coordinating volunteers with those who request our services, My Caring Paws does not control the method or timing of the services provided by volunteers. The availability of services depends on the schedules of the individual volunteers and, therefore, services cannot be guaranteed.
4. My Caring Paws process is to review references, basic background check of all volunteers. MCP provides necessary orientation/guidance for proper handling and preparation for multiple environments. MCP teams go through a test during a Group Evaluation and mentoring during multiple Site Evaluations.
5. My Caring Paws volunteers must wear a valid identification badge and as they are available, wear the My Caring Paws scarf or vest during sponsored services.
6. My Caring Paws will strictly comply with current regulations and advisories of the CDC, State and Local Governmental agencies should Covid once again become a problem.
7. You hereby unconditionally and independently release, indemnify, and hold harmless its Leaders, Volunteers collectively, the Releases from and against all claim’s past, present, or future, losses, costs, liabilities, and expenses including, but not limited to attorney fees of any nature that in any way arise from or relate to any My Caring Paws sponsored service.
8. If you are signing on behalf of an organization or entity, you represent and warrant that you have the unrestricted right and power to execute this Release and bind the organization or entity.
9. An electronic copy or photocopy of your signature on this Release will have the same legal effect as your original, ink signature.
10. I understand my email address and phone number may be shared amongst My Caring Paws team members strictly to provide details on events or making updates to the schedule.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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