



Consent and Authorization

I, the undersigned, hereby request permission to observe and/or serve as an observer at Woodside Equine Clinic, Inc. In consideration of serving as an observer, I acknowledge and/or certify to the following:

- 1) That I am over eighteen (18) years of age and am legally competent to sign this consent and authorization.
- 2) That I am/am not (please circle one) a student currently enrolled at an accredited college of veterinary medicine or in a training program for veterinary technicians.
- 3) That Woodside Equine Clinic, Inc. offers volunteers the opportunity to observe and/or assist in the care and treatment of animals so that volunteers may better understand the practice of veterinary medicine.
- 4) That I understand that all client and patient information is of a confidential nature and **MUST NOT** be used in any way other than for training purposes.
- 5) That I recognize that by observing and/or serving as a volunteer at Woodside Equine Clinic, Inc. entails the following risks or dangers:
 - a. I may work with and/or handle both wild and domestic animals;
 - b. It is difficult to predict the reaction of any animal, whether wild or domestic, to stimuli that include, but are not limited to, sound, movements, objects, persons, other animals, or efforts to diagnose, restrain or treat the animal;
 - c. I may be bitten, kicked, or scratched, struck or otherwise injured as a result of my negligence, the negligence of others or through no fault of mine or others, or purely because of the nature of the activity or the unpredictable reaction of an animal;
 - d. And I may be exposed to a contagious or zoonotic disease which may cause me to become ill or die as a result of the exposure.
- 6) By signing this form, I acknowledge that the volunteer risks exist, but notwithstanding those risks, request permission from Woodside Equine Clinic, Inc. to observe and/or serve as a volunteer at Woodside Equine Clinic, Inc.
- 7) I recognize that because I am a volunteer, Woodside Equine Clinic, Inc. is not subject to any worker's compensation insurance coverage that would otherwise be available to reimburse me for medical expenses incurred as a result of any injury or illness that I may suffer while observing and/or serving as a volunteer at Woodside Equine Clinic, Inc.
- 8) I recognize that there may be insurance available for purchase at my own expense from my school, college, or other sources which may reimburse me for medical expenses

incurred as a result of my injury or illness suffered by me while observing and/or serving as a volunteer at Woodside Equine Clinic, Inc.

- 9) In consideration for Woodside Equine Clinic, Inc. allowing me to observe and/or serve as a volunteer, I agree to indemnify and hold harmless Woodside Equine Clinic, Inc., its employees, agents, and representatives against any claims based on a theory other than negligence or gross negligence that may be brought on my behalf, or on behalf of my estate, arising from my injuries or illnesses that I may suffer and/or serving as a volunteer at Woodside Equine Clinic, Inc.

Signed this _____ day of _____, _____.
Numerical Date Month Year

Signature

Witness Signature