



S.T.O.P.
(Save The Orphaned Pets), Inc.
Tax ID 330899981

Independent Contractor Agreement (Volunteer Services)

This Independent Contractor Agreement ("Agreement") is between SAVE THE ORPHANED PETS, INC. (hereafter, "S.T.O.P."),

and (print) _____ (hereafter, "Volunteer").

1. Engagement of Services.

Volunteer will provide S.T.O.P. with the following services for community service:

Arrive at 9:45am- 3:30pm. Set-up/take down tent, cat cages, water bowels, litter boxes, help place pets in cages and set up table/chairs. Volunteers are to dress appropriately, follow instructions, maintain proper manners, and get permission before leaving adoption site. Should inoperative behavior/manners arise volunteer will be ask to leave immediately and parents must be available to pick up volunteer immediately.

2. Release of Liability.

Volunteer hereby releases S.T.O.P. of any and all liability in connection with their services to S.T.O.P. performed in paragraph 1, above, or for any other matter involving S.T.O.P., its animals or its activities. Volunteer understands that there are risks involved with animals and agree to release and hold harmless S.T.O.P. for any harm or other damages Volunteer may incur. Parents/guardian agrees to hold S.T.O.P. harmless for any harm or damages that may occur if volunteer is ask to leave adoption site and if volunteer leaves adoption site.

ACKNOWLEDGMENT OF CIVIL CODE SECTION 1542. In making the above mentioned release, you **AGREE TO WAIVE** the protections afforded by California Civil Code Section 1542, which may be interpreted to apply to the parties herein and which provides: "A general release does not extend to claims, which the creditor does not know of or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

3. Independent Contractor Relationship.

Volunteer's relationship with S.T.O.P. will be that of an Independent Contractor, and nothing in this Agreement shall be construed to create a partnership, agency, or employment relationship.

Signature of Volunteer(Or parent/guardian if under the age of 18)

Emergency Contact Information

Print name (parent/guardian)_____.

Phone_ (____) _____ . Cell (____) _____.

Address _____ city _____ Zip _____.

Email_____.

Authorized Representative of S.TO.P.

Date_____.