

# Minor - Under 18

Name of Volunteer: \_\_\_\_\_

**Pets & People Humane Society, Inc  
Volunteer Program  
Waiver of Liability & Permission Form**

The undersigned minor volunteer ("*Volunteer*"), and his/her parents(s) or legal guardian(s) ("*Parent(s)*"), have elected to participate, or in the case of Parent(s), permit the *Volunteer* to participate, in the Pets & People Humane Society, Inc (*PPHS*) Student Volunteer Program.

*Volunteer and Parent(s)*

1. understand that there are certain risks inherent in handling animals and accept these risks.
2. will not hold *PPHS*, its directors, officers, employees, agents, contractors, or volunteers liable for any illness, injury or disease that *Volunteer* might sustain or contract as a participant in the *PPHS* Student Volunteer Program.
3. agree that *PPHS* shall not be responsible or liable for any loss, damage or expense arising out of the *Volunteer's* participation in the Student Volunteer Program. Permission is granted to utilize any medical emergency services that *PPHS* deems necessary to treat injuries sustained by *Volunteer*.
4. agree to be personally responsible and liable for any and all injury, harm or other incident that may occur before, during and after transit to *PPHS* facility or sponsored event.
5. understand if *Volunteer* exhibits behaviors considered by *PPHS* to be dangerous to him/herself, to the animals and/or to other volunteers, he/she may be removed from the program.
6. understand *Volunteers* under the age of 13 must be accompanied by a responsible adult. Responsible adult must remain at facility or event. Responsible adult is defined as a person over the age of 18 that has the *Parent(s)* permission to act on their behalf.

We have read and fully understand the above waiver and release of liability and agree to, or in the case of *Parent(s)* give consent for *Volunteer* to, participate in the *PPHS* Student Volunteer Program.

Signature of *Volunteer* \_\_\_\_\_ Date: \_\_\_\_\_

Signature of *Parent(s)* \_\_\_\_\_ Date: \_\_\_\_\_

Medical Information:

Volunteer has the following allergies or medical conditions: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Physician's Name & Number: \_\_\_\_\_