



WAIVER OF LIABILITY AND PERMISSION FORM

I understand that my child will be participating in activities at the Animal Humane Society (AHS) and that in the course of such activities the child may have direct contact with domestic animals.

I further understand that while all precautions are taken to ensure participant safety, the behavior of domestic animals is sometimes unpredictable and that some domestic animals are capable of inflicting serious personal injury. Knowing the risks of handling domestic animals, on behalf of my child and myself, I agree to assume those risks and release, indemnify, and hold harmless the AHS and/or any of its officers, directors, employees, agents, or contractors for any and all personal injury or property damages resulting from my child's participation in AHS activities.

I give the AHS authority to seek emergency medical treatment for my child. I know of no medical or other condition that would prevent my child from participation in activities at the AHS.

I hereby consent to the photographing of my child and the use of these photographs to be used for any publicity, advertising and fund raising programs for the AHS. I hereby release the AHS and any of their directors, officers, agents, employees, and appointed printing/advertising companies and their directors, officers, agents, and employees from all claims of every kind on account of such use.

Child's name: _____

Parent/guardian's name:

Parent/guardian's signature: _____

Date _____

Buffalo * Coon Rapids * Golden Valley * St. Paul * Woodbury

Telephone 763 522 4325
www.animalhumanesociety.org

**Volunteer Permission Form for the AHS Therapy Animal Classes
and Pet Partner Evaluations**

I give permission for _____ to assist with the Therapy Animal Class and/or Pet Partner Evaluations at the Golden Valley Animal Humane Society. I understand that by signing this waiver the parent/guardian is assuming liability for any type of injury that may occur.

(Date)

(Parent/Guardian Signature)

**Photo Release
(optional)**

I give permission for _____ to be in a photo for the Therapy Animal Class or Pet Partners Evaluation at the Animal Humane Society in Golden Valley. I understand that pictures are only taken occasionally and would be used for purposes of supporting the Therapy Animal Program. I understand that my child's name will not ever be used with the photo.

(Parent/Guardian Signature)

(Date)