

# PENINSULA HUMANE SOCIETY & SPCA

## JUNIOR VOLUNTEER PROGRAM

### Waiver of Liability & Consent Form

It is agreed that I, \_\_\_\_\_, as parent/legal guardian of \_\_\_\_\_, a minor who has applied to participate as a *Junior Volunteer*, shall waive liability by and save and hold harmless from any and all claims against the Peninsula Humane Society & SPCA (PHS/SPCA), its directors, officers, employees, agents, contractors or volunteers. I understand and agree that in return for agreeing to this waiver and the other promises herein PHS/SPCA will permit my child, named above, to participate in the *Junior Volunteer Program* on the terms and conditions specified by PHS/SPCA.

It is further agreed that the undersigned is fully aware of the nature and extent of the potential hazards of working within an animal shelter, and agrees that PHS/SPCA shall not be responsible or liable for any and all injuries sustained to the child listed above, as well as any loss, damage or expense arising out of this child's participation in the *Junior Volunteer Program*. I grant permission to PHS/SPCA to utilize any medical emergency services it deems necessary to treat injuries to this minor. I understand that volunteers, including my child, are not covered by PHS/SPCA's Workers Compensation benefits, even for accidents occurring while performing volunteer work activities, although an accident insurance policy may provide such coverage.

I also agree to be personally responsible and liable for any and all injury, harm or any other incident that may occur to this minor before, during and after transit to and from PHS/SPCA. I understand that if my child exhibits behaviors considered by PHS/SPCA staff to be dangerous to him/herself, to the animals and/or to other volunteers or employees, he/she may be removed from the program. I further understand there will be a staff supervisor onsite at all times while *Junior Volunteers*, including my child, participate in their volunteer work activities at PHS/SPCA.

I have read and fully understand the above waiver and release of liability, and give my consent for this child to participate in PHS/SPCA's *Junior Volunteer Program*.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Legal Guardian)

#### Medical Info:

My child has the following allergies (food, animals, medication, etc.): \_\_\_\_\_

My child has the following medical conditions (asthma, diabetes, seizures, etc.): \_\_\_\_\_

Name and phone # of my child's physician: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_



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**JUNIOR VOLUNTEER PROGRAM**  
Consent to use Photos/Recordings

For the promises contained in this agreement I hereby grant and convey to the Peninsula Humane Society & SPCA all rights, title, and interest in any and all photographic images and video/audio recordings of or by my child made in connection with activities conducted by or at PHS/SPCA, to be used solely for program documentation and/or publicity purposes.

Signature: \_\_\_\_\_  
(Parent/Legal Guardian)

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_