

Minor Volunteer Consent, Agreement, & Release From Liability

For Rescue Use Only:

Orientation Completion Date

Name of Volunteer Completed With

Contact

Date

Child's Birth date

Information

*PLEASE USE THIS FORM
FOR MINORS ONLY*

Child's First Name

Child's Last Name

Parent/Guardian First Name

Parent/Guardian Last Name

Mailing Address

City

State

Zip Code

E-mail -- *We promise not to spam you, please use an e-mail you check often!*

Home/Cell Phone

Cell/Secondary Phone

Emergency Contact Information

Emergency Contact Full Name

Emergency Contact Phone Number

Emergency Contacts Relation to you

Volunteer Agreement, & Release From Liability

1. I, as the legal parent or guardian, grant permission for my child to volunteer for Orphan Dog/LCAS as a volunteer for one (1) to four (4) hours at dog adoption events held on Saturdays between the hours of 11:00AM and 3:00PM at Pet Food Express stores in Petaluma, Novato or San Rafael, CA, or at any special event on a date, time and location to be agreed to by me .
2. As the parent or guardian, I understand that I control the dates and times when my child volunteers and that Orphan Dog/LCAS is not responsible for scheduling my child's volunteer work. I also understand that my child will not be compensated for any time spent volunteering, nor are we entitled to benefits, including but not limited to employment insurance benefits upon the termination of this agreement or as a result of this service.
3. By signing this agreement I understand that if my child is under the age of 15, an adult is required to accompany them to any event(s) they attend as a volunteer with Orphan Dog/LCAS. Further, I agree to (a) COMPLETE THE ORPHAN DOG/LCAS ORIENTATION TOGETHER WITH MY CHILD IF THEY ARE 15 YEARS OF AGE AND (b) ATTEND AT LEAST THREE (3) ORPHAN DOG/LCAS EVENTS OF MY CHOOSING WITHIN THE NEXT THREE (3) MONTHS of the date shown on the first page of this document. IF my child is over the age of 15 years old, I understand they are making a commitment to attend at least three (3) Orphan Dog/LCAS events of their/my choosing within the next three (3) months of the date shown on the first page of this document.
4. I, as the legal parent or guardian am aware that my child's participation as a volunteer working with and being around dogs poses risks, including the risk of being bitten, serious injury or death, and will require the exercise of reasonable care to avoid injury. I am voluntarily allowing my child to participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
5. As consideration for volunteering for Orphan Dog/LCAS, I, as the legal parent or guardian of this child, do hereby, for my child, myself, my heirs, executors, legal representatives and administrators agree that I, will not make a claim against or sue Orphan Dog/LCAS or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of Orphan Dog/LCAS as a result of my volunteering. I, AS LEGAL PARENT OR GUARDIAN HEREBY RELEASE AND FOREVER DISCHARGE ORPHAN DOG/LCAS AND ALL ITS OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS AND CONTRACTORS FROM ANY AND ALL ACTIONS, CLAIMS, OR DEMANDS, ACTIONS OR CAUSES OF ACTION WHICH IN ANY WAY ARISE FROM, NOW OR IN THE FUTURE FOR INJURY OR DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION IN THE ABOVE NOTED EVENTS.

6. I UNDERSTAND THAT IF MY CHILD IS INJURED IN THE COURSE OF THIS VOLUNTEER WORK THAT MY CHILD IS NOT COVERED BY ANY WORKERS' COMPENSATION PROGRAM OR INSURANCE OTHER THAN MY OWN PERSONAL INSURANCE. I, authorize and grant permission to Orphan Dog/LCAS, it's officers, volunteers, employees and agents to seek emergency medical treatment on the behalf of my child in the case of injury, accident or illness arising from my child's involvement as a volunteer with Orphan Dog/LCAS. I, understand that I will be responsible for medical costs incurred by such injury, accident, or illness.

7. I, hereby advise that the above minor has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician (If none, please enter the word "none"):

8. I understand that the materials and tools provided by Orphan Dog/LCAS are and remain the property of Orphan Dog/LCAS, and I agree to return these tools and any remaining materials to Orphan Dog/LCAS at the end of my child's volunteer service.

9. I, HAVE READ THIS CONSENT, AGREEMENT, & RELEASE OF LIABILITY IN FULL. I FULLY UNDERSTAND THE CONTENTS OF THIS CONSENT, AGREEMENT, & RELEASE OF LIABILITY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Date

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

Date

Orphan Dog/LCAS Representative Printed Name

Orphan Dog/LCAS Representative Signature