

# MEOW HOUSE CAT RESCUE

MeowHouseCatRescue@gmail.com

919-873-0051 or 919-274-4619

## Volunteer Waiver/Release Form for a Minor Child Under the Age of 18

My child, \_\_\_\_\_ is hereby authorized, and has my permission to serve as a Meow House Cat Rescue volunteer, and participate in various volunteer activities, being held at varying locations, on varying dates.

I, the parent/guardian of the above named minor, for myself and on behalf of my child; acknowledge that my child's participation in this activity may involve the risk of injury from their actions, inactions, or negligence; from the actions, inactions, or negligence of others; from animals being worked with, or from other unlisted circumstances that could potentially occur in the various locations and duties of volunteer activities.

Further, I, the parent/guardian of the above named minor, understand and agree that this waiver covers any and all volunteer activities that my minor child signs up for, and that it is my own responsibility to be aware of where, when, and what activities my child is volunteering for.

I release, waive, discharge, and relinquish the sponsors, organizers, and participants, their officers, directors, employee, and agents, from any and all liability, loss, damage, claim, demand, or cause of action against them, arising out of or related to my child's participation in this activity as a volunteer.

I assume all risks of bodily injury to my child and give permission for him/her to be taken to a hospital and/or treated by licensed medical personnel for a medical emergency, illness, or injury; and for licensed medical staff to take emergency measures as they deem appropriate.

I have read this document and understand that it has legal consequences, and sign it voluntarily.

Minor's Name (Please Print): \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

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

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### Emergency Information

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

Name of primary emergency contact: \_\_\_\_\_

Emergency Contact - Phone # and Address: \_\_\_\_\_

Name of alternate emergency contact: \_\_\_\_\_

Alternate Contact - Phone # and Address: \_\_\_\_\_

Please list any known allergies or medical conditions:

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