

Capital Area  
**Humane Society**  
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Capital Area Humane Society Junior Volunteer  
Waiver of Liability and Permission Release

Parent's/Legal guardian's name: \_\_\_\_\_

I give permission for the following child to serve as a Junior Volunteer at the Capital Area Humane Society (CAHS):

Child's name: \_\_\_\_\_ Age \_\_\_\_\_

D.O.B.: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

Emergency phone #: \_\_\_\_\_

I understand that my child (if under age 16) must work alongside another qualified CAHS volunteer of at least 18 years of age at all times. I give permission for the following adult volunteers to serve as my child's "buddy."

\_\_\_\_\_  
\_\_\_\_\_

Please Initial Each:

\_\_\_\_\_ My child will abide by the mission, rules, regulations, policies and programs of CAHS while serving as a volunteer.

\_\_\_\_\_ I assume the risks of my child being bitten, scratched, injured or frightened by any animals in connection with volunteer work for CAHS.

\_\_\_\_\_ CAHS is not liable for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which my child might suffer or sustain in connection with the performance of their volunteer activities for CAHS.

\_\_\_\_\_ I hereby release and indemnify, defend and hold harmless the Capital Area Humane Society, its directors, officers, employees, agents, and volunteers and their heirs, successors, assigns personal representatives from and against liability.

\_\_\_\_\_ I have accurately and truthfully completed this release.

Parent/Guardian Signature: \_\_\_\_\_

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

**Please complete this form and return it when you come to your volunteer training class.**