

Please attach this form to your child's STEPS application to be submitted.

Waiver

Name of Parent or Legal Guardian: _____ Phone: _____

Child's Name: _____ Date of Birth: ____/____/____

I give permission for my child to serve as a Junior or Teen Volunteer at the Capital Area Humane Society (CAHS). I understand that my child (if under the age of 16 years) must work alongside another qualified CAHS volunteer of at least 21 years of age at all times. I give permission for the following adult volunteer partner to serve as my child's Adult Volunteer Partner (AVP):

Name: _____ Date of Birth: ____/____/____

Please initial each point below:

- _____ My child will abide by the mission, rules, regulation, policies and programs of CAHS while serving as a volunteer.
- _____ I understand animals can bite, scratch or otherwise injure my child while he/she is volunteering or on the CAHS premises preparing to volunteer or just having completed volunteering and I knowingly assume the risk of injury or sickness and I hold harmless and waive any all of my child's rights against CAHS and its employees, officers, veterinarians, agents, Board of Directors and Executive staff for any injury or sickness, known or unknown, which may develop now or in the future.
- _____ I understand that training for new volunteers of CAHS includes discussion and information on sensitive topics such as euthanasia, animal abuse and neglect in the context of cruelty investigations, domestic violence, and surgical procedures such as spay and neuter. It is my responsibility to determine the appropriateness of these discussions for my child.
- _____ 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 any liability, whatsoever.

Signature

Date

Office Use

Volgistics _____ Completed AVP Application _____