



JUNIOR VOLUNTEER RELEASE FORM

Please read carefully and return a signed copy to the Community Outreach Events and Volunteer Manager prior to attending New Volunteer Orientation.

I _____, parent or legal guardian of the child named below, hereby grant him or her permission to volunteer with Elmbrook Humane Society, hereinafter referred to as EBHS. By signing this Release Form, I hereby unconditionally agree to, acknowledge and give my consent without reservation to the following on behalf of myself and my child:

1. I testify that my child is physically, cognitively and emotionally able to safely participate in volunteer activities. I understand and agree that my acceptance of the terms and conditions of this Agreement, and my child's strict adherence to the established rules, guidelines and protocols of EBHS, are conditions of my child's participation in volunteer activities. I understand that my child's privileges may be revoked or suspended at any time for non-compliance or safety issues, or for my breach of this Agreement in any way, as determined by EBHS in its sole discretion.
2. I understand that my child must be in the company of a parent or guardian at all times while on shelter premises and participating in volunteer activities. I understand that I or the guardian I designate below must attend all applicable training classes and remain in good standing in order to participate in volunteer activities with my child.
3. I understand that EBHS does not always know the history of animals in its care, and that even in the best of circumstances animals may be unpredictable, bite, scratch, hit, maul, or transmit diseases. Knowing and fully understanding these risks, on behalf of my child, his/her heirs, guardians, personal representatives and executors, I hereby knowingly and freely assume such risks and release, discharge, indemnify and hold harmless EBHS, its agents, servants and employees from any and all claims, causes of action, or demands, of any nature or cause (including costs and attorneys' fees incurred by EBHS in connection with the same) arising from, related to or in any way connected with my child's participation in volunteer activities, including without limitation claims, causes of action, or demands based on damages or injuries which may be incurred or sustained by my child (including but not limited to animal bites, accidents or injuries).
4. I understand that EBHS has permission to copyright, use and publish any images in any format taken of my child while participating in EBHS-sponsored events. I understand that these images may be used for a variety of purposes and may appear on the EBHS' website, on printed materials or any other media now known or to be invented. I understand that all images may be used by EBHS without payment or notification. I also understand that my child may be participating in activities that include print, radio, TV, or internet coverage.

5. In the event that I will not be volunteering with my child, I hereby authorize the individual listed below to act as guardian. I understand that this person must attend orientation, applicable training classes, and remain a volunteer in good standing in order to accompany my child.

NAME _____

PHONE _____ RELATIONSHIP TO CHILD _____

PARENT OR GUARDIAN SIGNATURE _____

DATE _____

CHILD'S NAME _____ (please print)

SECOND CHILD _____ (if applicable)

Please return completed release form to:

becky@ebhs.org

Fax- 262-782-3356