

Paws for Kids for Paws (Paws 4 Kids 4 Paws)

Accident, Illness or Loss

1. I certify that in case of accident or illness, the Volunteer Coordinator(s) has my authority to secure medical attention if unable to communicate with me directly.
2. I understand that there is some inherent risk in activities at Paws 4 Kids 4 Paws programs and accidents sometimes occur. I also understand that the program fees do not include accident insurance, and I agree that all medical expenses will be my responsibility.
3. I agree to the release of any medical records necessary for treatment, referral, billing, and insurance purposes.
4. I hereby release, waive and discharge Paws 4 Kids 4 Paws, its officers, directors, employees, and agents (the "Releasees") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of any Releasee or otherwise, while participating in the Paws 4 Kids 4 Paws program, or while in, on or upon the premises where the program is being conducted, while in transit to or from such premises, or in any place or places in connection with the program.
5. I am fully aware of risks and hazards connected with participating in the Paws 4 Kids 4 Paws program, and I am fully aware that there may be risks and hazards unknown to me connected with participating in the Paws 4 Kids 4 Paws program, and I hereby elect to voluntarily participate in the Paws 4 Kids 4 Paws program knowing that the conditions may be hazardous or may become hazardous or dangerous to me and my property. If I have a child participating with me (youth under 18 years of age, as parent, responsible party, or guardian, hereinafter referred to as "my child"), I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may be sustained by me or any loss or damage to property owned by me as a result of my child being a participant in the Paws 4 Kids 4 Paws program, whether caused by the negligence of any Releasee or otherwise.
6. I hereby agree to indemnify and hold harmless each of the Releasees from, and covenant not to sue any Releasees with respect to, any loss, liability, damage, or costs they may incur due to my participation in the Paws 4 Kids 4 Paws program, whether caused by the negligence of any Releasee or otherwise.
7. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives if I am deceased and shall be deemed a release, waiver, discharge, and covenant not to sue the Releasees.
8. I understand that Paws 4 Kids 4 Paws is not responsible for my lost, stolen, or damaged personal property.

Transportation/Photos

1. I give permission for my child to participate in planned activities, participate in authorized trips and to ride in authorized vehicles for the purpose of transportation to off-site activities or for medical care.
2. I give permission for Paws 4 Kids 4 Paws to use photos or videos of me in promotional materials, including newsletters, websites, books, magazines, etc.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
Volunteer's Name (PLEASE PRINT CLEARLY) Signature Date

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above. I have read the foregoing, understand it and sign it voluntarily as my own free act. I am at least eighteen (18) years of age and fully competent.

X _____
Parent's Signature & Emergency Phone Name & Date

MEDIA RELEASE FORM

Name _____ Age _____
Male _____ Female _____ Non-binary/Other _____

MEDIA/PHOTO CONSENT: I hereby authorize and give my full consent to Paws 4 Kids 4 Paws to copyright and/or publish any and all photographs, videotapes and/or film in which me or my child appear while attending this Paws 4 Kids 4 Paws event. I further agree that Paws 4 Kids 4 Paws may transfer, use, or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
Signature Date

Paws 4 Kids 4 Paws
Volunteer Application

The following information assists Paws 4 Kids 4 Paws in maintaining a risk-managed environment. Please complete this form as accurately and truthfully as possible. This information will be confidential.

Personal Information-Volunteer

Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone (Home) _____ Phone (Work) _____
Phone (cell) _____ Gender _____
E-Mail Address _____ Age _____ Birth Date _____
Dietary Restrictions: _____