

Santa Barbara Humane Society Summer Critter Camp

WAIVER AND RELEASE OF LIABILITY

Please print clearly. The completed form may be faxed or emailed in order to register for camp. Our insurance requires that we obtain an original signature by the child's legal guardian on or before 9 AM of the first day of camp.

Date _____

As the parent/legal guardian of _____, age _____,
(Child's last name, first name—please print clearly)

I understand that said child will be participating in activities at **The Santa Barbara Humane Society** and in the course of such activities said child may have direct contact with domestic animals. I understand, also, that direct contact with domestic animals will be minimal.

I further understand that the behavior of domestic animals is sometimes unpredictable and that some domestic animals are capable of inflicting serious personal injury, as well as extensive property damage. Knowing the risk of handling domestic animals, on behalf of the minor and myself, I agree to assume those risks and to release, indemnify, and hold harmless **The Santa Barbara Humane Society** and/or any of its Officers, Directors, Employees, Agents, or Contractors for any and all personal injury and property damages resulting from said child's participation in activities.

I also understand that said child is to remain on **The Santa Barbara Humane Society** property for the duration of the activities. If my child leaves the property during participation, with or without permission from a staff member, I release, indemnify, and hold harmless **The Santa Barbara Humane Society** for any and all personal injury and property damages resulting from said child leaving **The Santa Barbara Humane Society** property.

I give **The Santa Barbara Humane Society** authority to seek emergency medical treatment for said child. I know of no medical or other condition that would prevent said child from participation in activities at **The Santa Barbara Humane Society**.

I grant the right to photograph, reproduce, and use said child's picture, silhouette, and other reproductions of physical likeness in connection with **The Santa Barbara Humane Society** promotions.

Minor's Physician's Name: _____

Address: _____

Phone #: (_____) _____

Print the names and phone numbers of two emergency contacts:

1) _____

2) _____

Print name(s) and phone number(s) of other person(s) authorized to pick up your child:

_____ (_____) _____

Parent/Guardian Information Name: _____

Address _____ **City** _____ **State** _____ **Zip** _____

Home telephone (_____) _____ **Business telephone** (_____) _____

Parent/Guardian Signature _____ **Relationship to minor** _____

