



A LIFE TO LIVE ANIMAL SHELTER AND ADOPTION CENTER

JUNIOR VOLUNTEER WAIVER

Volunteers under the age of 18 must have a parent or legal guardian sign a Junior Volunteer Waiver.
Volunteers under the age of 14 require a parent or legal guardian to accompany them.

It is agreed that I, _____, as parent/legal guardian of _____, a minor who participates as a volunteer for A Life to Live, shall waive liability by and save and hold harmless from any and all claims against the A Life to Live organization or its representatives, directors, agents, contractors, or volunteers. I understand that in return for this waiver, A Life to Live shall allow _____ to participate as a volunteer bound by all rules and regulations normally required of A Life to Live volunteers, put forth by the Directors and dictated through orientation and training.

It is further agreed that the undersigned is fully aware of the nature and extent of the potential hazards of working with an animal rescue and adoption group, and agrees that A Life to Live shall not be responsible or liable for any injuries sustained to the minor child above, as well as any loss, damage, or expense arising out of this child's participation in the A Life to Live Volunteer Program. I grant A Life to Live permission to utilize any medical emergency services it deems necessary to treat injuries to this minor.

I also agree to be personally responsible and liable for any injury, harm, or any other incident that may occur to this minor before, during and after transit to and from the A Life to Live adoption location(s) or any other designated A Life to Live event location. I understand that if my child exhibits behaviors considered by A Life to Live staff to be dangerous to himself/herself and/or other volunteers or to the animals, he/she may be removed from the program immediately.

I have read and fully understand the above waiver and release of liability and give my consent for this child to participate in the A Life to Live Volunteer Program.

VOLUNTEER'S NAME: _____

PARENT/GUARDIAN'S NAME: _____

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____ **PHONE #:** _____ **E-MAIL:** _____

HOME ADDRESS: _____

Medical Information:

My child has the following allergies: _____

My child has the following medical conditions: _____

Emergency Contact:

Name: _____ Number: _____

Name: _____ Number: _____

Permission to Use Photos and Videos:

For the purposes of promoting the mission of the A Life to Live organization, I hereby grant and convey all rights, title, and interest in any photographic images of me or my child made in connection with volunteer activities conducted by A Life to Live to be solely used for documentation or publicity purposes.

Parent/Guardian's Signature: _____ **Date:** _____