



# Furry Friends Kids Camp

## Waiver and Release of Liability

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_,  
*Parent or Legal Guardian (PLEASE PRINT)* *Full Name of Child (PLEASE PRINT)*

understand my child will be participating in activities and programs at Roice-Hurst Humane Society's *Furry Friends Kids Camp*. I understand that during the course of such activities my child may have direct contact with a variety of live animals including, but not limited to: cats and kittens, dogs and puppies. I also understand that the nature of such animals is sometimes unpredictable and that some domesticated animals are capable of inflicting serious personal injury, including death, disease, and property damage. Additionally, I understand that gatherings of people present an inherent risk of the spread of communicable diseases such as COVID-19. Knowing these risks, on behalf of my child and myself, our heirs, personal representatives, successors and assigns, I agree to assume those risks and to release, discharge, indemnify, and hold harmless Roice-Hurst Humane Society and/or its Officers, Directors, Employees, Volunteers, Agents, or Contractors (collectively, the "Released Parties") from any and all liability, claims, demands or causes of action, known or unknown, whether caused by the negligence of the Released Parties or from some other cause, including claims for personal injury, death, disease, and property damage to my child, myself or others resulting from my child's participation in *Furry Friends Kids Camp*. I further promise not to sue the Released Parties to recover damages for injuries sustained by my child or me resulting from my child's participation in *Furry Friends Kids Camp*.

I also understand that my child is to remain on Roice-Hurst Humane Society's premises for the duration of the *Furry Friends Kids Camp* activities. If my child leaves the property during participation, with or without permission from a staff member, I agree to release, discharge, indemnify, and hold harmless the Released Parties for any and all personal injury, including death, and property damage resulting from my child leaving Roice-Hurst Humane Society property.

In the event that my child requires emergency medical attention during *Furry Friends Kids Camp*, and staff is unable to timely contact any of the emergency contacts below, I authorize Roice-Hurst Humane Society to seek proper medical treatment. I agree to be personally responsible for any and all medical expenses that my child incurs, whether or not my child is covered under medical insurance.

I know of no medical or other condition that would prevent my child from participating safely in activities at Roice-Hurst Humane Society's *Furry Friends Kids Camp* except as may be stated below.

### **Medical and Other Information**

List any known allergies (including plant, animal, medicine, and food) and the normal treatment (emergency medications require an action plan signed by the prescribing doctor): \_\_\_\_\_

List any medications that need to be taken during the day (any medicine, including over-the-counter, will require doctor authorization): \_\_\_\_\_

List any mental or physical issues that require specific attention and/or that may limit participation (emergency medications require an action plan signed by the prescribing doctor): \_\_\_\_\_

Child's Physician's Name, Address, and Phone#: \_\_\_\_\_

Child's Dentist's Name, Address, and Phone#: \_\_\_\_\_

Medical Insurance Company Name/Policy No.: \_\_\_\_\_

Hospital of Choice, Address, and Phone#: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ ( ) - \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ ( ) - \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



# Furry Friends Kids Camp

## Child Release Authorization

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_  
*Parent or Legal Guardian (PLEASE PRINT)* *Full Name of Child (PLEASE PRINT)*

authorize the release of my child to the following individuals after the completion of camp for the day. Please include yourself, any parent, grandparent, relative, babysitter, other camper's parent, etc. Only people listed on this application will be allowed to pick up your child. Photo identification will be required for pick up.

Name	Phone #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

### Child Pick-Up Contract

I agree to pick up my child on time or no later than 15 minutes after the end time of camp. I understand that if I am later than this time, RHHS may contact my emergency numbers. \_\_\_\_\_(parent initial)

### Medical Emergency

RHHS has my permission to secure emergency medical and/or surgical treatment for my child in the event of an emergency, accident, or illness. I hereby grant Roice-Hurst Humane Society permission to have my child transported to the hospital or doctor. \_\_\_\_\_(parent initial)

### Discussions on Sensitive Topics

I understand that my child may be involved in discussions regarding animal abuse or neglect, the spaying and neutering of animals, and euthanasia. These discussions will be handled in a way that is age appropriate. \_\_\_\_\_(parent initial)

### Safety Rules

For the safety of myself, my child, and the staff and volunteers of Roice-Hurst Humane Society, I agree to the following safety rules while my child and/or I are at Roice-Hurst Humane Society for the *Furry Friends Kids Camp*. I agree that my child will wear long pants, close toed shoes, and a shirt with sleeves. I agree that my child and I will not bring outside food into Roice-Hurst Humane Society. I agree that my child and I and any other persons that may be with us will wear a mask covering mouth and nose. I agree that each morning upon arrival, my child's temperature will be taken with a no-touch thermometer. I understand and agree that my child will be required to use hand sanitizer several times each day of *Furry Friends Kids Camp* and will do so when asked by an employee or volunteer of Roice-Hurst Humane Society. If my child or I feel at all unwell, we will not enter Roice-Hurst Humane Society. I understand and agree that if my child or I fail to abide by any of these rules, we will be asked to leave and no refund will be issued. \_\_\_\_\_(parent initial)

### Photo Release (Optional)

I hereby authorize Roice-Hurst Humane Society to use any photographs, prints, or videos taken of my child during *Furry Friends Kids Camp*, without payment or notification, for public relations or educational purposes including television, print, and electronic media. All such photographs, prints, or videos are the sole property of Roice-Hurst Humane Society. I also understand that my child could participate in activities that may include radio, television, or print coverage and Roice-Hurst Humane Society has my consent to permit my child to appear on radio or television or in print. Some of these media outlets may require your child's first and last name. By signing this release, you agree to allow Roice-Hurst Humane Society to photograph your child and possibly release their first and last name.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date