

Furry Friends Kids Camp

Waiver and Release of Liability

, the parent/legal guardian of,
Parent or Legal Guardian (PLEASE PRINT)
nderstand my child will be participating in activities and programs at Roice-Hurst Humane Society's <i>Furry</i>
riends Kids Camp. I understand that during the course of such activities my child may have direct contact with
variety of live animals including, but not limited to: cats and kittens, dogs and puppies. I also understand that
ne nature of such animals is sometimes unpredictable and that some domesticated animals are capable of
iflicting serious personal injury, including death, disease, and property damage. Additionally, I understand that
atherings of people present an inherent risk of the spread of communicable diseases such as COVID-19.
nowing these risks, on behalf of my child and myself, our heirs, personal representatives, successors and
ssigns, I agree to assume those risks and to release, discharge, indemnify, and hold harmless Roice-Hurst
umane 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
aused by the negligence of the Released Parties or from some other cause, including claims for personal
ijury, death, disease, and property damage to my child, myself or others resulting from my child's participation
Furry Friends Kids Camp. I further promise not to sue the Released Parties to recover damages for injuries
ustained by my child or me resulting from my child's participation in Furry Friends Kids Camp.
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also understand that my child is to remain on Roice-Hurst Humane Society's premises for the duration of the
urry Friends Kids Camp activities. If my child leaves the property during participation, with or without permission

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	<u>1</u>
List any known allergies (including plan	nt, animal, medicine, and food)	and the normal treatment (emergency
medications require an action plans	signed by the prescribing doctor	·):
List any medications that need to be t	aken during the day (any medic	cine, including over-the-counter, will
require doctor authorization):		
	•	that may limit participation (emergency):
Child's Physician's Name, Address, an	d Phone#:	
Hospital of Choice, Address, and Phon	e#:	
Emergency Contact Name:	Address:	Phone:
Secondary Emergency Contact:	Address:	Phone:
Signature of Parent or Legal Guardian	Date	



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Child Release Authorization

I,, the Parent or Legal Guardian (PLEASE PRINT)	parent/legal guardiaı	n of, Full Name of Child (PLEASE PRINT)
raiem or Legar Godraidh (r LLASL r Kint)		Toll Name of Child (LEASE FRINT)
authorize the release of my child to the following include yourself, any parent, grandparent, relative this application will be allowed to pick up your cl	ve, babysitter, other c	
Name	Phone #	Relationship
		
Signature of Parent or Legal Guardian	Da	te
	Pick-Up Contract	
I agree to pick up my child on time or no later the if I am later than this time, RHHS may contact my		
,	lical Emergency	
RHHS has my permission to secure emergency me an emergency, accident, or illness. I hereby gran transported to the hospital or doctor.	edical and/or surgica	
Discussio	ns on Sensitive Top	pics
I understand that my child may be involved in dis neutering of animals, and euthanasia. These disc		
S	afety Rules	
For the safety of myself, my child, and the staff of following safety rules while my child and/or I are of I agree that my child will wear long pants, close to I will not bring outside food into Roice-Hurst Human that may be with us will wear a mask covering not child's temperature will be taken with a no-toucl required to use hand sanitizer several times each an employee or volunteer of Roice-Hurst Human Roice-Hurst Humane Society. I understand and as will be asked to leave and no refund will be issue Photo	at Roice-Hurst Humane oed shoes, and a shir one Society. I agree th nouth and nose. I agr the thermometer. I undo day of Furry Friends K ne Society. If my child agree that if my child a	e Society for the Furry Friends Kids Camp. It with sleeves. I agree that my child and at my child and I and any other persons ee that each morning upon arrival, my erstand and agree that my child will be ids Camp and will do so when asked by or I feel at all unwell, we will not enter I fail to abide by any of these rules, we (parent initial)
I hereby authorize Roice-Hurst Humane Society during Furry Friends Kids Camp, without paymen including television, print, and electronic media. Roice-Hurst Humane Society. I also understand the radio, television, or print coverage and Roice-Happear on radio or television or in print. Some coname. By signing this release, you agree to allow	t or notification, for p All such photographs, hat my child could p urst Humane Society of these media outlet	ublic relations or educational purposes prints, or videos are the sole property of articipate in activities that may include has my consent to permit my child to s may require your child's first and last
possibly release their first and last name.		(parent initial) (OPTIONAL)
Signature of Parent or Local Cuardian		to.
Signature of Parent or Legal Guardian	Da	I C