



Child's Name: _____ Age: _____ T-Shirt Size: _____

Allergies, additional needs, anything we need to know to help your child have a great time!:

Please Initial:

_____ As the parent/guardian of _____, I understand that my child will be participating in activities at Cache Humane Society and that my child may have direct and/or indirect contact with the animals. I also understand that the behavior of the pets is sometimes unpredictable and that animals are capable of inflicting serious personal injury, even though the staff and volunteers will be taking every precaution to ensure the safety of everyone.

_____ I agree to assume those risks and release, indemnify, and hold harmless Cache Humane Society and/or any of its representatives for any injury resulting in my child's participation in activities. My Child is to remain on Cache Humane Society's property during their scheduled activities, or with the group during off-site events for the duration of the day's activities.

_____ I authorize Cache Humane Society to seek emergency medical treatment for my child. I know of no medical or other condition that would prevent said child from participation in the activities at Cache Humane Society. I also give permission for any pictures taken of my child to be used by Cache Humane Society to promote education and animal welfare.

Parent Guardian's Written Name

Signature

Date

Street Address

City

Zip code

Phone Number

Additional Emergency Contact Name

Contact Number