

Citizens for Animal Protection

Group Participants



WAIVER OF LIABILITY

- I understand I am expected to abide by all policies and procedures established by Citizens for Animal Protection (CAP) during group session.
 - I understand I will be participating in activities at CAP that involve direct primary contact with dogs and possibly cats and small mammals.
 - **I understand for safety reasons, I must comply with the dress code of no shorts, no open toed/open backed shoes and no sleeveless or crop tops.**
 - I understand while all precautions are taken to ensure participant safety, the behavior of animals can be unpredictable with the capability of inflicting serious personal injury. Knowing the risks of interacting with animals, I agree to assume those risks and release, indemnify, and hold harmless CAP and/or any of its officers, directors, employees, agents, or contractors for any and all personal injury or property damages resulting from my participation in group activities. I agree to hold Citizens for Animal Protection harmless for any and all claims for injuries, causes for action or liability related to use of all CAP facilities.
- ☐ I give CAP authority to seek emergency medical care in case of accident, injury, or illness and to notify my parent/guardian or emergency contact on this form.

RELEASE OF IMAGES

- ☐ I hereby grant permission to CAP to take and use photographs and/or digital images of me for use in brochures, news releases and any other lawful purposes. These materials may include printed or electronic publications, web sites or other electronic communications. I further agree that my name and identity may or may not be revealed in descriptive text or commentary in connection with the image(s). All negatives, prints and digital reproductions shall be the property of CAP. I hereby release CAP and any of their directors, officers, agents, employees and appointed printing/advertising companies and their directors, officers, agents and employees from all claims of every kind on account of such use.

VOLUNTEER (PLEASE PRINT): _____

EMAIL: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

GROUP NAME: _____ SESSION DATE: _____

VOLUNTEER SIGNATURE

DATE

PARENT/GUARDIAN

DATE