



Pets Alive Animal Sanctuary ■ 363 Derby Road ■ Middletown, NY 10940
Phone (845) 386-9738 ■ Fax (845) 386-3248
www.petsalive.com

PARENTAL CONSENT & RELEASE FOR MINOR VOLUNTEERS

In order to participate in the Pets Alive, Inc. Volunteer Program, minors are required to obtain parental consent:

As the __ parent __ legal guardian [check one] of _____
("my child"), I hereby authorize my child to participate in the Pets Alive Volunteer Program. I understand that my child is being allowed to provide volunteer services on Pets Alive property at my request. I recognize that in handling animals and performing other volunteer tasks, there exists a risk of physical injury, including, but not limited to that which could be caused by the animals. In consideration of the permission granted to my child by Pets Alive, Inc. to participate in this volunteer work, I HEREBY ASSUME ALL RESPONSIBILITY AND RISK OF INJURY THAT MIGHT OCCUR TO MY CHILD OR MY PROPERTY AND AGREE TO INDEMNIFY, HOLD HARMLESS, RELEASE, AND DEFEND PETS ALIVE, INC., ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS OR SUITS FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY MY CHILD IN CONNECTION WITH MY CHILD'S VOLUNTEER SERVICES, WHETHER OR NOT DAMAGES OR INJURIES ARE CAUSED DIRECTLY OR INDIRECTLY BY THE NEGLIGENCE OF OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES OF PETS ALIVE, INC.

FURTHERMORE, I HEREBY ASSUME ALL RESPONSIBILITY AND AGREE TO INDEMNIFY, HOLD HARMLESS, AND DEFEND PETS ALIVE, INC., ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS OR SUITS, FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY OTHERS BY REASON OF MY CHILD'S PERFORMING VOLUNTEER SERVICES.

AGREED to this _____ day of _____, 20_____

Signature of Parent/Guardian

Parent/Guardian Name (Printed)



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Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____