



Santa Cruz County Animal Shelter

2200 7th Ave., Santa Cruz, CA 95062

580 Airport Boulevard, Watsonville, CA 95076

Phone: (831) 454-7235 Fax: (831) 454-7

WAIVER AND RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in the Critter Camp Program at the Santa Cruz County Animal Shelter, I acknowledge and agree that:

I, _____, the parent/legal guardian
of _____, understand the nature of the activities that my child
will participate in during the week of _____.

I also understand the nature of domestic shelter animals and that their behavior is sometimes unpredictable which can give rise to risks such as personal injury or property damage. Knowing this, I and anyone who might claim on my behalf, including heirs, guardians, legal representatives, or assigns, release and discharge the Santa Cruz County Animal Shelter, its officers, directors, employees, volunteers and all others affiliated with the Animal Shelter from any and all claims and liability of any kind arising out of personal injury and property damage resulting from my child's participation in activities during Critter Camp Program.

I agree to inform my child to perform only those tasks assigned, observe all safety rules, and use care in their participation in the Critter Camp Program.

I agree that my child may be photographed, videotaped or recorded and that said photographs, videos or recordings may be used for promotional materials. I understand that my child will not receive compensation for the use of these and that my child will not be given notice of when these materials are used.

I certify to the best of my knowledge, that my child's current physical condition is satisfactory for participation in the Critter Camp Program, and that he/she is free of any health problem that would affect his/her ability to participate.

I acknowledge that loss or damage to my child's personal property used while participating in the Critter Camp Program is not reimbursable.

I hereby authorize and give my consent for medical care to be given in an emergency situation to the below named child while participating in the Critter Camp Program.

I have listed below all of my child's known allergies, all of my child's physical limitations and any special needs that my child might have. In addition, I have no knowledge of any medical condition that would prevent my child from participating in the activities at Critter Camp.

Any known allergies: _____

(over)



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Any physical limitations or other needs: _____

Physician's name, phone number, and address: _____

Emergency contact name and phone number: (please list two)

Child's Name: _____ Age: _____

Parent/legal guardian information:

Print Name: _____ Relationship _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

Other individuals authorized to pick up my child are:

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT OF MY OWN FREE WILL.

Parent/Guardian Signature _____ Date: _____