

## HHS Junior Board/Teen Volunteer Release of Liability

Junior Board member name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_

My son/daughter has permission to participate in all Junior Board Activities.

**Release of Liability** -- I for myself and my child and anyone entitled to act on my behalf, waive and release the Hinsdale Humane Society, Executive Board of Directors and Jr. Board, and their representatives, volunteers, and employees, from all claims or liabilities of any kind suffered in connection with these events.

**Video/Photo Release** – I hereby consent that the videotapes, photographs and/or audio recordings that may include my son/daughter may be used by Hinsdale Humane Society.

**Permission to Seek Emergency Medical Attention** – By signing this form, I (we) hereby authorize a representative of Hinsdale Humane Society to consent to any medical care and treatment for my child that is recommended by a licensed healthcare provider to whom the child is presented for treatment. In order to ensure that the child receives prompt emergency medical care and treatment when necessary, I (we) hereby release any licensed health care provider providing medical care to the child in reliance of this form from liability relating to such provider's acceptance of my (our) substitute care giver's consent.

**Health History** – Do we need to know anything about your son/daughter's health to ensure her safety in the program? (e.g. he/she uses an inhaler, has a seizure disorder, etc.)

\_\_\_\_\_

Does your child have allergies? (ie: food, medicine) Please be specific:

\_\_\_\_\_

Date of last tetanus shot. \_\_\_\_\_:

### Parent/Guardian

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency contacts should be persons other than parents/guardians listed above:

Emergency Contact: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Please use the back to add any additional comments you would like to share about your child.

Date signed \_\_\_\_\_