



21 Salt Creek Lane
Hinsdale, Illinois 60521
630.323.5630

www.hinsdalehumanesociety.org

Waiver and Release of Liability

I, _____, on behalf of myself or a participant for whom I am signing as guardian below (the minor participant), if applicable, understand that in the course of participating in activities at the Pet Rescue and Resource Center (PRRC) operated by Hinsdale Humane Society (HHS) the participant may have direct contact with domestic animals.

I further understand that the behavior of domestic animals is sometimes unpredictable and that some domestic animals are capable of inflicting serious personal injury as well as extensive property damage. I also understand that there are diseases that can be transmitted between animals and people. If I have questions or concerns about such injuries or diseases, I will consult my healthcare provider. Knowing the risks of handling domestic animals, I agree to assume those risks and to release, indemnify, and hold harmless HHS and any of its agents, directors, officers, members, employees or other volunteer workers for any and all personal injury and property damages resulting from participation.

I agree to be supervised by an HHS staff member or designee and will report to the staff member or designee any problems that arise.

I assume responsibility for all risks of loss or damage or injuries that may be suffered by me or the minor participant, or to the property owned by me or in my custody or any property owned by or in the custody of the minor participant, in the course of HHS activities from any cause, including but not limited to ordinary negligence attributed or which might be attributed to HHS or any of its agents, directors, officers, members, employees or other volunteer workers, whether sustained or suffered at the premises under the control of HHS or at any other premises not under the control of HHS, or when traveling to or from all such premises by any means of travel, including but not limited to privately owned vehicles, my own automobile or a vehicle borrowed by me, and public transportation.

I hereby release, discharge and indemnify HHS, and all third party entities (such as off-site locations), HHS agents, directors, officers, members, employees and volunteer workers from and in respect to any and all claims, actions and rights to causes of action, present or future, whether known, anticipated, for any injury, including death, loss of or damage to any property, suffered or sustained from any cause incident to or arising out of, during or in connection with participation in HHS activities.

In case of emergency, I give permission to the HHS staff member or designee to administer medication and/or first aid and give permission to an attending physician to hospitalize or secure proper treatment for myself or the minor participant.

_____Yes _____No

Physician Name: _____ Telephone: _____

Photographic, Video & Digital Image and Voice Recording Release and Waiver of Liability

I hereby grant permission to HHS to use and publish my name or the name of the minor participant, and any and all photographs, video or digital images taken of me or my likeness, or of the minor participant, and any recordings of my voice or the minor participant, that have been made in connection with participation in HHS activities and events ("the images and voice"), for use in the furtherance of their mission, including but not limited to, for use in any and all print or electronic publications that promote HHS, and HHS activities and events.

By signing this document, I agree that HHS, its employees, agents, officers, directors, contractors, affiliates, volunteers, and any third parties involved in the creation of HHS print and electronic publications may use the images and voice at their sole discretion in furtherance of HHS, and HHS activities and events. I hereby grant HHS all rights in the images and voice, which rights include but are not limited to, copyrights, and the right to receive any and all royalties, proceeds or other benefits (monetary or otherwise) derived from the use of the images and voice. I understand that this document includes my permission for HHS to freely use the images and voice and that I will receive no financial compensation for such use by HHS.

By signing this document, I agree to release, forever discharge and hold harmless HHS and its agents, directors, officers, members, employees or other volunteer workers and any third parties involved in the creation of HHS print and electronic publications from any reasonable expectation of privacy, confidentiality that I might associate with the images and voice; and any and all liability claims, demands, or causes of action of whatever kind, in law or equity, associated with the use of the images and voice in the furtherance of HHS.

The representations, conditions and commitments contained in this document shall be binding upon my heirs, next of kin and personal representatives.

I acknowledge and represent that I am over the age of 18, have read the entire document, that I understand the terms and provisions of this document, and that I have signed this document knowingly and voluntarily. I understand that this document shall be governed by Illinois law, and is intended to be as inclusive as Illinois law permits. In the event any court of competent jurisdiction finds any provision of this document invalid, I agree that the invalidity of such provision shall not otherwise affect the validity of remaining provisions of this document.

Participant's Name (please print): _____ Date:_____

Participant's Signature: _____ Date:_____

(Guardian's signature if participant is a minor)