**CHILD/PARENT GUARDIAN VOLUNTEER AGREEMENT**

**Contact Information:**

Full Name of Volunteer Child (under the age of 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_

Full Name of Parent(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Guardian/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number of Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address of Parent/Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City,Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release of Liability:**

**For the safety of the CHILD, only PRE-AUTHORIZED PARENT or GUARDIANS listed above are authorized to be with the child. Then child must remain with the PARENT or GUARDIAN at all times while volunteering for Jameson Humane.**

Therefore, on behalf of myself, my heirs and personal representatives, I hereby discharge, indemnfify ad hold harmless Jameson Humane and its assigns, successors, agents, officers, board of directors, contractors and representatives from any and all claims, causes of action or demands of any nature or cause whasoever, including costs and attorney fees, arising out of or relatuing to my child volunteering, including, but not limited to, animal bites or injuries.

I understand that public relations are an important part of volunteering with Jameson Humane. On behalsf of heirs, my personal representatives and myself, give Jameson Humane permission to use and publush photographs take of me and/or my child, as a volunteer for use in its public relations efforts.

I HAVE CAREDFULLY READ THIS RELEASE OF LIABILITY, MEDICAL RELEASE AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND THE CONTENTS THEREOF. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY BETWEEN ME/CHILD, AND JAMESON HUMANE AND I SIGN IT OF MY OWN FREE WILL. I AUTHORIZE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO BE THE GUARDIAN OF MY CHILD WHILE VOLUNTEERING FOR JAMESON HUMANE.

Signature of PARENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_