Consent and release form

Please complete all of the information. This form must be received before the start of the program.

____________________________________________________________________________________
Child(ren)’s Name(s)

Please complete and sign the following release (required):

As the parent/legal guardian of the child(ren) named herein, I hereby consent that said child(ren) may participate in the activities including but not limited to direct interaction with animals and touring the Wisconsin Humane Society (collectively, “Youth Programs”), and hereby release the Wisconsin Humane Society from all liability for any injury or illness that might occur to child(ren) during the course thereof. I understand that the activities included in Youth Programs carry the risk of harm and injury. I understand that in handling and being in the presence of animals there does exist a risk of injury or illness caused by the animals. I represent that my child(ren) has/have received a tetanus vaccination and all vaccinations recommended by our physician. I give the employees and/or agents of the Wisconsin Humane Society authority to seek emergency medical transport and treatment for the child(ren). I know of no medical or other condition that would prevent the child(ren) from full participation in activities at the Wisconsin Humane Society. I agree to indemnify and hold harmless the Wisconsin Humane Society for any and all claims and demands.

The above recitals to this Agreement are true, correct, and incorporated in their entirety by this reference.

____________________________________________________________________________________
Signature of parent/guardian Date

____________________________________________________________________________________
Print parent/guardian name

Photo release:
I, the undersigned, hereby grant permission to Wisconsin Humane Society and/or other participating parties to take and use photographic images of my child(ren) during this event for the express purpose of publicity regarding the Wisconsin Humane Society’s programs, or otherwise at the discretion of the Wisconsin Humane Society.

____________________________________________________________________________________
Signature of parent/guardian Date