



WILSON COUNTY
NO KILL
ANIMAL SHELTER

JUNIOR VOLUNTEERS PERMISSION & RELEASE FORM

This form is to be filled out by the parent or legal guardian along with young volunteer. Please read and complete this form, sign it and return to us. Please print all information.

Please check one: Parent Legal Guardian

Parent's/Legal Guardian's Name: _____

Parent Phone: _____ Parent Driver's License #: _____

I give permission for the following child/children to participate in the Wilson County No Kill Animal Shelter's activities:

Child's Name: _____ Age: _____ DOB: _____

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Child's Name: _____ Age: _____ DOB: _____

Home Address (street): _____

City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____ Emergency #: _____

Email: _____

School Attending: _____

Describe experience with dogs and cats: _____

Do you presently own any dogs or cats? _____

Permission & Release of Liability

Please Initial

_____ My child/children will abide by the mission, rules, regulations, policies and programs of the Wilson County No Kill Animal Shelter while I am a volunteer.

_____ I assume the risks of my child/children being bitten, scratched, injured or frightened by cats, kittens, dogs and puppies in connection with my volunteer work for the Wilson County No Kill Animal Shelter.

_____ Wilson County No Kill Animal Shelter is not liable for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which my child/children might suffer or sustain in connection with the performance of their volunteer activities for the Wilson County No Kill Animal Shelter.

_____ I hereby release and indemnify, defend and hold harmless the Wilson County No Kill Animal Shelter, its directors, officers, employees, agents, and volunteers and their heirs, successors, property owners, and assigned personal representatives from and against any and all liability.

_____ I hereby grant the Wilson County No Kill Animal Shelter permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration.

_____ I have accurately and truthfully completed this volunteer application.

Parent Sign

Date

Parent Print

Youth Sign

Date

Youth Print

FOR OFFICE USE ONLY

Shelter Manager/Assistant Manager

Youth Volunteer Coordinator

Sign

Sign

Print

Print

Date

Date

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability and admissibility.