



## Release of Liability, Medical Consent, Photographic Image Release and Permission to Participate

### Release of Liability and Medical Consent

As the parent/legal guardian of the child(ren) named herein, I understand that said child(ren) will be participating in activities presented by the Humane Society of Charlotte and in the course of such activities said child(ren) may have direct contact with domestic animals. I understand that physical activity carries 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 including physical harm caused by the animals. I represent that my child(ren) has/have received a tetanus vaccination and/or all vaccinations recommended by our physician. In consideration for my child(ren)'s participation in the HSC event I agree that on behalf of myself, my child(ren), my heirs, family members, personal representatives and executors, we assume the risk of the activities and I release, discharge, indemnify, and hold harmless the Humane Society of Charlotte, its agents, employees, officers, and directors, from any and all claims, causes of action, or demands, if any, in connection with the same, based on damages or injuries which may be incurred or sustained by me or said child(ren) in any way connected with said child(ren)'s participation in activities presented by the Humane Society of Charlotte. I give the employees and/or agents of the Humane Society of Charlotte authority to seek emergency dental/medical and/or surgical transport and treatment for said child(ren). I know of no medical or other condition that would prevent said child(ren) from full participation in activities presented by the Humane Society of Charlotte.

### Photographic Image Release

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

### Request and Permission to Participate

*(to be signed by parent or legal guardian if participant is under age 18)*

I hereby request and grant my permission for:

**Name(s) of child(ren):** \_\_\_\_\_ to participate in this event and all its associated activities, and agree to the releases and consents set forth above. The terms of this agreement are severable and each shall be effective if another part is invalid.

I HAVE CAREFULLY READ THIS LIABILITY WAIVER AND FULLY UNDERSTAND AND AGREE TO ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING, WITHOUT LIMITATION, THE RIGHT TO SUE THE HUMANE SOCIETY OF CHARLOTTE, ITS EMPLOYEES, OFFICERS, DIRECTORS AND AGENTS, ON BEHALF OF MYSELF, MY CHILD(REN), MY HEIRS, FAMILY MEMBERS, PERSONAL REPRESENTATIVES AND EXECUTORS

**Name** \_\_\_\_\_  
(Legal Guardian SIGN name)

**Name** \_\_\_\_\_  
(Legal Guardian PRINT name)

**Organization/School Name** \_\_\_\_\_

**Date** \_\_\_\_\_