



Release and Assumption of Risk Humane Society of Wickenburg

Your signature is requested for the following matters:

BIRTHDAY LIABILITY

ACCIDENT LIABILITY & MEDICAL SERVICES

The Humane Society of Wickenburg programs are a public service and we are unable to accept liability in the case of an accident. It is necessary to have your consent and agreement prior to program participation, that the sponsoring organization and personnel will not be held liable in case of accident or illness.

I hereby give my permission for myself and/or my child, _____ (*print child's name*), to participate in all Humane Society of Wickenburg (HSW) program activities. The Humane Society of Wickenburg employees, and HSW volunteers will not be held responsible in case of accident, mishap, or illness. Should an emergency arise, I give my permission for HSW staff to render basic first aid and/or contact appropriate emergency services.

Birthday Party date (MM/DD/YYYY) ___/___/___ and time ___:___

I understand it is my responsibility to inform the HSW program staff if my child or I have a medical condition, allergy, physical or other disability that will require special attention. Please do so in writing below, and discuss the situation in person with HSW staff.

Print Parent Name Phone Address

Parent Signature Date

FILM AND PHOTOGRAPHIC PUBLICITY RELEASE:

I hereby authorize the HSW and its official representatives to use, without obligation to me, any and all photographs and motion pictures taken of us for any and all publicity and advertising purposes they may designate.

Print Parent Name Phone Address

Parent Signature Date