Humane Education Program Minor Waiver

Consent and waiver for___________________________________________

(name of minor)

I, _____________________________, being the parent or legal guardian of _________________, hereby give my consent to allow my (son, daughter, ward) to tour the facility and participate in any humane education activities including those related to animal interaction with the Humane Society of Huron Valley. I fully understand and acknowledge that his/her participation in humane education activities are subject to all the rules and regulations of the Humane Society of Huron Valley, that violations thereof shall be cause for immediate dismissal from humane education activities and that all activities participated in by my (son, daughter, ward) are strictly voluntary, without pay and compensation of any sort and without liability of any nature on behalf of the Humane Society of Huron Valley. I further acknowledge that all activities participated in are performed at his/her own risk. On behalf of myself, my (son, daughter, ward), my heirs, my personal representatives or administrators, I hereby release, discharge, indemnify, and hold harmless the Humane Society of Huron Valley, its agents, servants, and employees from and against any claims, causes of action, demands, judgments, or fees, incurred by the Humane Society of Huron Valley, which could in any way be associated with or connected with his/her participation in activities as a registered participant in a humane education program with the Humane Society of Huron Valley, including but not limited to, animal bites, accidents, or injuries.

Signature of Parent/Legal Guardian_____________________________ Date________

I understand that public relations are an important part of promoting the Humane Society of Huron Valley. On behalf of myself and my (son, daughter, ward), I allow the Humane Society of Huron Valley to use any photographs or videos taken of my (son, daughter, ward) for use in public relations efforts.

Signature of Parent/Legal Guardian_____________________________ Date________