

BrooklyAnimalFosterNetwork

www.BrooklynAnimalFosterNetwork.org 11 Montgomery Place, Brooklyn, NY 11215 718 789-6865 Fax 718 789-1465

STUDENT VOLUNTEER PROGRAM WAIVER OF LIABILITY & PERMISSION FORM

It is agreed that I, _____, as parent/legal guardian of _____, a minor who participates as a Student Volunteer, shall waive liability by and save and hold harmless from any and all claims against the Brooklyn Animal Foster Network (BAFN), its directors, officers, employees, agents, contractors or volunteers. I understand and agree that in return for this waiver and the other promises herein BAFN will permit _____ to participate in the Student Volunteer Program on the terms and conditions specified by BAFN.

It is further agreed that the undersigned is fully aware of the nature and extent of the potential hazards of working with an animals, and agrees that BAFN shall not be responsible or liable for any and all injuries sustained to the child listed above, as well as any loss, damage or expense arising out of this child's participation in the Student Volunteer Program. I grant permission to BAFN to utilize any medical emergency services it deems necessary to treat injuries to this minor. I also agree to be personally responsible and liable for any and all injury, harm or any other incident that may occur to this minor before, during and after transit to and from BAFN. I understand that if my child exhibits behaviors considered by BAFN staff to be dangerous to him/herself, to the animals and/or to other volunteers, he/she may be removed from the program.

I have read and fully understand the above waiver and release of liability, and give my consent for this child to participate in BAFN's Student Volunteer Program.

Signature: _____
(Parent/Legal Guardian)

Date: _____

Medical Info:

My child has the following allergies (food, animal, medical, etc.): _____

My child has the following medical conditions (diabetes, seizures, heart conditions, etc.):

Name and phone # of my child's physician:

Name and phone # of my child's emergency contact:

Permission to use Photos/Recordings

For the promises contained in this agreement I hereby grant and convey to the Brooklyn Animal Foster Network all rights, title, and interest in any and all photographic images and video/audio recordings of my child made in connection with activities conducted by BAFN, to be used solely for program documentation and/or website or publicity purposes.

Signature: _____

Date: _____

(Parent/Legal Guardian)

For Office Use Only Brooklyn Animal Foster Network