## CANYON LAKE ANIMAL SHELTER



2170 Old Sattler Road, Startzville, TX 78133 (830) 899-2527 Fax#: 830-620-7952 canyonlakeanimalshelter@gmail.com

## PARENTAL CONSENT & RELEASE FOR MINOR VOLUNTEERS

In order to participate in the C.L.A.S.S. Volunteer Program, minors are required to obtain parental consent: As the parent/legal guardian of ("My child"), I hereby authorize my child to participate in the C.L.A.S.S. Volunteer program. I understand that my child is being allowed to provide volunteer services on C.L.A.S.S. property at my request. I recognize that in handling animals and performing other volunteer tasks, there exists a risk of physical injury, including, but not limited to that which could be caused by the animals. In consideration of the permission granted to my child by C.L.A.S.S. to participate in this volunteer work, I hereby assume all responsibility and risk of injury that might occur to my child or my property and agree to indemnify, hold harmless, release, and defend C.L.A.S.S. its officers, agents, servants, and employees, from any and all claims or suits for property damage or loss, or personal injury, including death, sustained by my child in connection with my child's volunteer services, whether or not damages or injuries are caused directly or indirectly by the negligence of officers, agents, servants, or employees of C.L.A.S.S. furthermore, I hereby assume all responsibility and agree to indemnify, hold harmless, and defend C.L.A.S.S. its officers, agents, servants, and employees, from any and all claims or suits, for property damage or loss, or personal injury, including death, sustained by others by reason of my child's performing volunteer services. **AGREED** to this on (date) Name of Parent/Guardian \_\_\_\_\_ Volunteer name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Phone \_\_\_\_\_ Emergency Contact Name: Emergency Contact Phone Number:

**Signature** of Parent/Guardian