Summit's Sanctuary Volunteer Waiver for Under 18

I,	, the parent or legal
guardian of the volunteer,	, the parent or legal, the parent or legal, hereby agree to allow my child to volunteer
for Summit's Sanctuary Animal Rescue, (herein after referred to as SSAR), and in so doing, I agree
the my child will comply with all the rules	and regulations established by SSAR, and I understand that
failure to do so may result in my child's ir	nmediate termination as a volunteer. As a volunteer, I agree
to encourage my child to do his/her best t	o represent SSAR to the public in an accurate and
without pay or compensation of any kind, services are to be performed at my child's performing other tasks, therein exists a risagree to release and hold harmless SSAF agents, volunteers, representatives, succ damage, claims, liability, costs and expenationately sees and disbursements, arising if an accident or injury should occur, no make any necessary meditat SSAR may photograph my child's paphotographs to SSAR for use in its programacknowledge that Summit's Sanctuary Arto have personal contact with one or more acknowledge that my child has voluntarily and knowingly assumes the risk of such or violent attacks, other personal injury and/or handling of such animal(s). In exchange Sanctuary Animal Rescue and its volunter	my child's services are provided strictly on a volunteer basis, and without liability of any nature on behalf of SSAR, and all sown risk. I recognize that in handling animals and sk of injury including physical harm caused by the animals. I R and any of its officers, directors, employees, affiliates, essors and assigns from and against any and all loss, sees of any nature whatsoever, including without limitation g from or occasioned by my services to SSAR. I understand atter how minor, that I will complete a Volunteer Injury dical attention utilizing my own medical insurance. I agree articipation with SSAR, and I herby release any such ams, publications and purposes. I understand and aimal Rescue has voluntarily offered my child the opportunity e animals housed at the shelter. I understand and esselected the animal(s) I wish to have personal contact with contact, to include the following: any and all bites, scratches, or property damage caused by my child's exposure to and the formal representatives are hereby released from any and amage resulting from such exposure and contact.
Minor's Full Name	Parent Signature
Phone Number	Email
 Date	