

Name of Minor Volunteer: _____

THE FOLLOWING MUST BE COMPLETED BY THE VOLUNTEER'S PARENT/LEGAL GUARDIAN IF THE VOLUNTEER IS UNDER 18 YEARS OF AGE.

I agree and affirm that: (1) I am the parent or legal guardian of the volunteer identified in this document ("my child"); (2) I authorize my child to volunteer on behalf of APA!; (3) I have reviewed the information provided on this document; (4) all of the information provided in connection with this agreement is true and correct; and (5) I will ensure my child complies with the requirements outlined in this agreement and as otherwise required by APA!.

I understand and agree that through the execution of this document: (1) I assume all risks of loss or injury, including death of my child or damage to my property while my child is on the property of APA! and elsewhere, while participating in the volunteer program; (2) APA! shall incur no liability of any nature as a result of my child volunteering for APA!; (3) in handling animals and performing other volunteer tasks there is a risk of injury, including physical harm or death, and that all services performed by my child will be done at my child's and my own risk.

On behalf of myself, my heirs and personal representatives, I hereby release, discharge and indemnify and hold harmless APA! and its assigns, successors, agents, staff, officers, board of directors, employees, contractors and representatives from any and all claims, causes of action or demands of any nature of cause whatsoever, including costs and legal fees arising out of, or relating to, my volunteering with APA!, including, but not limited to, animal bites, disease, accidents, property damage, or injuries.

Parent/Legal Guardian's Signature: _____ Date: _____

Parent/Legal Guardian's Printed Name: _____

EMERGENCY CONTACT INFORMATION FOR MINOR

Emergency Contact Name: _____

Emergency Contact Phone No.: _____

Relationship to Minor Volunteer: _____