

Volunteer Waiver (Minor)



Name of Parent/Guardian

Name of Minor Volunteer

Age of Minor Volunteer

Parent/Guardian Contact Phone

Additional Emergency Contact Phone

I understand that this child/minor will be volunteering with Feline Friends of Sammamish, and in the course of such volunteer work, said child will have direct contact with domestic animals.

I understand that said child will not be compensated monetarily for the work I do for Feline Friends of Sammamish as a volunteer.

I understand that the behavior of domestic animals is sometimes unpredictable and that some domestic animals are capable of inflicting serious personal injury or death, as well as extensive property damage. Knowing the risks of handling domestic animals, on behalf of the minor and myself, I agree to assume those risks and to release, indemnify and hold harmless Feline Friends of Sammamish, and/or its officials, directors, supervisors, or other volunteers for any and all personal injury and property damages resulting from said child's volunteer work.

I give Feline Friends of Sammamish authority to seek emergency medical treatment, if necessary, for said child. I understand that, in the event of an accident while said child is performing volunteering services, said child will be covered by your own personal insurance and not Feline Friends of Sammamish, and/or its officials, directors, supervisors, or other volunteers.

I know of no medical or any other condition which would prevent said child from volunteering with Feline Friends of Sammamish.

I hereby certify that I am the parent or legal guardian of minor volunteer listed above.

I have read, understood, and agree to the above.

Signature

Date

Relationship to Minor