Junior Volunteer (Release By Parent/Guardian of a Minor Under 18)

I _____, am the parent/legal guardian of _____(the "Minor"), who wishes to participate as a volunteer for Coffee County Humane Society (CCHS) of Manchester, Tn.
In consideration for the Minor being permitted by CCHS to participate as a volunteer, I hereby agree that I will assume full responsibility for the death, personal injury and/or property damage suffered or sustained by the Minor as a result of or in connection with the Minor's participation as a volunteer.

I agree, therefore, to release and indemnify CCHS (and for purposes of this agreement "CCHS" shall also include its Officers, Agents and Volunteers collectively) from and against all liability, claims demands, damages to the Minor's person or property suffered or sustained by the Minor as a direct or indirect result of the Minor's participation as a volunteer, even if such death, personal injury or property damage arises out of the negligence of CCHS. In addition, in the event my minor child is injured and a judgment is entered against CCHS for such injuries, I/We agree to release, indemnify, defend and hold harmless CCHS.

I understand that 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 Minor will be done at my risk. I understand the Coffee County Humane Society strongly recommends that I keep current tetanus immunization on the Minor. I further understand that the Coffee County Humane Society recommends that any dogs and cats that I live with should be immunized by my veterinarian. Furthermore, I understand that if my Minor child is permitted to volunteer without my being present, I have been informed that my child may be provided with adult supervision, whenever possible. It is understood and agreed that Indemnity Waiver, Release of Liability and Assumption of Risk is intended to be binding on the Minor and my heirs, distributes, guardians, legal representatives or assigns.

I have read this agreement carefully and fully and insure my minor child understands the policies and procedures. I am aware that this is an indemnity, waiver and release of liability and a binding contract between CCHS and myself and my minor, and I sign it of my own free will.

_____ _____
Signature of Parent or Legal Guardian Date

Name - Please Print _____

_____ _____
Signature of Minor Date

Name - Please Print _____

Witness _____ Date _____