



Guardian Whiskers Volunteer Book Buddies Reading Program Youth Assistant Application

Name: _____ Phone: _____
Street Address: _____ Email: _____
City: _____ State: _____ Zip Code: _____
Birthdate: _____
Emergency Contact: _____ Emergency Phone: _____

Understanding that positive reinforcement training techniques are utilized

Guardian Whiskers advocates positive reinforcement training methods, including pain-free, force-free, and do-no-harm training techniques. I certify that I understand that these training methods are practiced at Guardian Whiskers' events and programs, as well as recommended in the homes of the Book Buddies therapy team volunteers.

Signature _____

I agree to attend at least one team meeting per year.

How did you hear about us? _____

Availability (circle): Weekdays: *mornings* *afternoons* *evenings*
Weekends: *mornings* *afternoons* *evenings*

RELEASE AND WAIVER OF LIABILITY and MEDIA RELEASE FORM MINOR (UNDER THE AGE OF 18)

PLEASE READ CAREFULLY as this document affects your legal rights.

THIS RELEASE AND WAIVER OF LIABILITY and MEDIA RELEASE FORM (the "Release") is executed by the undersigned — the parent or legal guardian of a minor (under the age of 18) — in favor of GUARDIAN WHISKERS (GW), a Wisconsin non-profit corporation, its directors, officers, employees, and agents.

(over please)

I understand that the behavior and temperament of animals can be unpredictable and that touching, handling, or another contact with an animal may involve the risk of property damage or personal injury.

Therefore, as a condition of participating in the programs and/or events of GW and/or interacting with animals that are in the care of the GW, City Dog Vet and Cat Care Clinic, I execute this Release as parent or legal guardian of a minor subject to the following terms and conditions:

1. **Waiver and Release.** I hereby release and forever discharge and hold harmless GW, CDV and CCC and its successors and assigns from all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from this minor's participation in GW's programs and events or interaction with animals at GW's programs and events, CDV OR CCC or interaction with animals in the care of GW, CDV OR CCC. I understand and acknowledge that this Release discharges GW, CDV or CCC from any liability or claim that I may have against GW, CDV or CCC with respect to any bodily injury, personal injury and illness, death, or property damage. I also understand that GW, CDV or CCC does not provide any insurance coverage or financial assistance in the event of injury or illness.
2. **Assumption of the Risk.** I understand that volunteer work at the GW or CCC may include activities that could be hazardous including, but not limited to working with animals, loading and unloading equipment and materials, and transportation relative to work being performed.
3. **Medical Emergency Services.** I grant permission to GW, CDV or CCC to utilize any medical emergency services it deems necessary to treat injuries to the minor.
4. **Behavior.** I understand that if my child exhibits behaviors considered by GW, CDV or CCC staff to be dangerous to himself/herself or the animals and/or others, he/she may be asked to leave the program.
5. **Photographs and Media.** I grant GW, CDV OR CCC, its representatives, employees, as well as news and print media outlets, permission to use photographs and/or videos of this minor with or without his/her name and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, web content, and social media.

I have read fully and understand this RELEASE AND WAIVER OF LIABILITY and MEDIA RELEASE FORM as the parent or legal guardian of the minor listed above and give my consent for this child to participate in the programs of Guardian Whiskers. By signing below, I agree to be legally bound by this release.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian