



CITY OF WACO
 P.O Box 2570
 Waco, Texas 76702

CITY OF WACO – Animal Control Facility
CONSENT AND RELEASE FORM FOR A MINOR
 [15-17 years of age]
 (PLEASE PRINT USING BLACK OR BLUE INK PEN)

Activity Date: _____

Name of Volunteer: _____

Address: _____ City: _____ Zip: _____

Telephone Number(s): Home _____ Office _____ Mobile: _____

I, the undersigned, for and in consideration of the City of Waco, Texas (“City”) allowing my child/dependant named above as Volunteer to volunteer at the Animal Control Facility (“Facility”) located 2032 Circle Road, Waco, Texas, do hereby agree as follows:

I hereby acknowledge that I am the parent/legal guardian of Volunteer. I hereby acknowledge that in volunteering my child will not be an agent, servant, or employee of the City and is a volunteer for the Humane Society of Central Texas, Inc. I also understand that I am to accompany my child/dependant at all times in the Facility.

I acknowledge that by volunteering at the Facility my child will be in contact with animals, which can result in injury. I hereby agree to **RELEASE, ACQUIT, AND FOREVER DISCHARGE** the City, its elected officers, employees, servants, officials, volunteers, and agents, from any and all claims, suits, liability, demands or causes of action that I/my child/dependant may now or hereafter have or claim to have on account of or arising out of personal injury, death, or property damage, or impairment or damage to any right (including the right to be paid for loss of time, services or for expenses incurred) that may arise from or in connection with my child/dependant volunteering at the Facility. In executing this release, I am expressly binding myself, my heirs, executors, administrators, and assigns and those of my child/dependant by the terms of this release for **ANY CLAIM OR CAUSE OF ACTION OF ANY KIND THAT MAY ARISE AS RESULT OF MY PARTICIPATING IN THE DESCRIBE ACTIVITY, WHETHER CAUSED BY A NEGLIGENT, GROSSLY NEGLIGENT, OR RECKLESS ACT OF THE CITY OR ELECTED OFFICERS, EMPLOYEES, SERVANTS, OFFICIALS, VOLUNTEERS, AND AGENTS OF THE CITY, OR CAUSED BY THE USE OF ANY TANGIBLE PERSONAL PROPERTY OR EQUIPMENT.**

I understand this release of liability shall remain in full force and effect until such time that I, in writing, revoke it. I understand that upon revoking this release of liability, my child/dependant will not be allowed to participate in the activity described above. If any portion of this release of liability is held invalid, I agree the remaining release shall continue in full force and effect. I have signed this document of my own free will.

I understand that photographs or video may be taken of my child/dependant while at the Animal Control Facility or participating in an activity related to the Animal Control Facility and I grant permission for any such photographs or video to be used in conjunction with the Animal Control Facility.

Volunteer’s Signature: : _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

In case of an emergency, please notify the following:

Name: _____ Relationship: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Doctor’s Name: _____ Office Phone: _____

Doctor’s Address or Hospital: _____