**YOUTH VOLUNTEER PARENTAL CONSENT**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** a minor child, wishes to participate as a volunteer with Arkansas Service Paws (ARSP). As the minor’s parent/guardian, I hereby consent to his/her participation in such volunteer activities.

I hereby release, waive and discharge ARSP, their volunteers, trainers, and all participants from any and all claims, losses, damages, causes of action, suits and liability of every kind, including all expenses of litigation, court costs, and attorney fees for injury to, or death of any person; or for damage to any property, arising from or attributed to, directly or indirectly, participation in any and all activities associated with volunteering for ARSP. The undersigned further agrees to indemnify and hold harmless the organizers, participants and volunteers from all suits, causes of action, or claims of any type, brought as a result of participation in the above-named activity.

I assume all risks of bodily injury to myself/or my minor child and give permission for myself/him or her to be taken to a hospital and treated by licensed medical personnel for a medical emergency; illness, or injury; and for licensed medical staff to take emergency measures as they deem appropriate.

I authorize the use of my name, voice, photograph, likeness, performance and/or biography by ARSP, its Board of Directors, and their officers, employees and agents in connection with any use of a product arising out of my participation in the above-described volunteer activities I authorize ARSP to obtain and hold copyrights in such program and products and to edit my performance and materials in its sole discretion, without compensation.

I have read this document and understand that it has legal consequences and sign it voluntarily.

FOR THE MINOR:

I understand that there may be risks involved in participating in volunteer activities with ARSP.

1. I will study, understand and avoid all dangers.
2. I will NOT accept any work assignment for which I am not qualified or prepared.

Minors Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

EMERGENCY CONTACT 1 EMERGENCY CONTACT 2

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to minor: \_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MINOR’S PHYSICIAN

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office phone­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARSP OFFICE USE ONLY

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_/\_\_\_\_/\_\_\_\_\_