

Humane Education Program Minor Waiver

Consent and waiver tor				_		
	(nai	me of min	or)			
I,, being	the	parent	or	legal	guardian	of
, hereby give my	conse	ent to allo	w my	(son, c	daughter, w	ard)
to tour the facility and participate in any h	ıuman	e educati	ion a	ctivities	including th	nose
related to animal interaction with the Huma	ne Soc	iety of Hu	ron V	alley.	fully underst	and
and acknowledge that his/her participation	in hur	mane edu	ucatio	n activ	ities are sub	oject
to all the rules and regulations of the Hum	ane So	ociety of	Huron	Valley	, that viola	tions
thereof shall be cause for immediate dismi	issal fro	om huma	ne e	ducatio	n activities	and
that all activities participated in by my (s	ion, de	aughter,	ward)	are st	rictly volun	tary,
without pay and compensation of any sort a	nd with	nout liabili	ty of (any nat	ure on beho	o flk
the Humane Society of Huron Valley. I further	ackno	owledge t	hat a	ll activit	ies participo	ated
in are performed at his/her own risk. On bel	nalf of	myself, m	ıy (soı	n, daug	hter, ward)	, my
heirs, my personal representatives or ac	lministr	ators, I	herek	y relec	ase, discho	ırge,
indemnify, and hold harmless the Humane S	Society	of Huror	Valle	ey , its o	igents, servo	ants,
and employees from and against any claim	s, caus	ses of act	ion, d	emand	s, judgment	s, or
fees, incurred by the Humane Society of	Huron	Valley, v	vhich	could	in any way	/ be
associated with or connected with his/he	r parti	cipation i	in ac	tivities (as a registe	ered
participant in a humane education program	n with	the Humo	ane S	ociety (of Huron Va	lley,
including but not limited to, animal bites, acc	cidents	, or injurie	S.			
Signature of Parent/Legal Guardian				Date		
I understand that public relations are an	impor	tant part	of p	romotin	g the Hum	ıane
Society of Huron Valley. On behalf of mysel	lf and	my (son,	daug	hter, wo	ard), I allow	, the
Humane Society of Huron Valley to use an	y pho	tographs	or vic	deos tal	ken of my (son,
daughter, ward) for use in public relations eff	orts.					
Signature of Parent/Legal Guardian				Date		