



The power of compassion.

Consent and release form

Please complete all of the information. This form must be received before the start of the program.

Child(ren)'s Name(s)

Please complete and sign the following release (required):

As the parent/legal guardian of the child(ren) named herein, I hereby consent that said child(ren) may participate in the activities including but not limited to direct interaction with animals and touring the Wisconsin Humane Society (collectively, "Youth Programs"), and hereby release the Wisconsin Humane Society from all liability for any injury or illness that might occur to child(ren) during the course thereof. I understand that the activities included in Youth Programs carry the risk of harm and injury. I understand that in handling and being in the presence of animals there does exist a risk of injury or illness caused by the animals. I represent that my child(ren) has/have received a tetanus vaccination and all vaccinations recommended by our physician. I give the employees and/or agents of the Wisconsin Humane Society authority to seek emergency medical transport and treatment for the child(ren). I know of no medical or other condition that would prevent the child(ren) from full participation in activities at the Wisconsin Humane Society. I agree to indemnify and hold harmless the Wisconsin Humane Society for any and all claims and demands.

The above recitals to this Agreement are true, correct, and incorporated in their entirety by this reference.

Signature of parent/guardian

Date

Print parent/guardian name

Parent/guardian E-mail address

Parent/guardian phone number

Photo release:

I, the undersigned, hereby grant permission to Wisconsin Humane Society and/or other participating parties to take and use photographic images of my child(ren) during this event for the express purpose of publicity regarding the Wisconsin Humane Society's programs, or otherwise at the discretion of the Wisconsin Humane Society.

Signature of parent/guardian

Date

COVID-19 health policy

(An addendum to "Consent and release form," not a replacement)

Child(ren)'s name(s)

I agree to keep my child home from any WHS program if:

- They develop symptoms of illness, such as fever, cough, or shortness of breath.
- They are diagnosed with COVID-19 until they are cleared as non-contagious by state or local public health authorities.

Other health policies:

- If my child has had close contact (15 minutes or more within 6 feet) with someone who has been diagnosed with COVID-19 within the last 10 days, they must be free of symptoms and wear a mask to attend a WHS youth program.
- If my child becomes ill during the program, WHS staff will contact me and ask me to pick my child up.

If my child's status in any of the above categories changes at any time during my child's participation, I will notify youth programs staff and will not send my child the WHS youth program.

Parent/guardian name (printed)

Date

Parent/guardian signature