



WAIVER AND RELEASE OF LIABILITY 2019

I, _____, the parent/legal guardian of _____, understand the nature of the activities that my child will be participating in during the week of Critter Camp at the SPCA Florida. I also understand the nature of shelter animals and that their behavior is sometimes unpredictable which can give rise to risks such as personal injury. Knowing this, I, and anyone who might claim on my behalf, release the SPCA Florida officers, directors, staff, volunteers and all others affiliated with the SPCA Florida from any and all claims and liability of any kind arising out of personal injury and property damage resulting from child's participation in activities during Critter Camp.

In the event that my child requires medical attention, I authorize the SPCA Florida to seek proper medical treatment at my cost.

I have listed below all of my child's known allergies, all of my child's physical limitations and any special needs that my child might have. In addition, I have no knowledge of any medical condition that would prevent my child from participating in the activities at Critter Camp.

Any known allergies: _____

Any physical limitations or other needs: _____

Physician's name, phone number and address: _____

Name of insurance company, policy number, and phone number: _____

Emergency contact name and phone number: (please list two)

Name: _____ Number: _____

Name: _____ Number: _____

Parent/legal guardian information:

Name: _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

Other individuals authorized to pick up my child are: **(ID must be shown)** _____

Signature: _____ Date: _____