



PLANNED PETHOOD

LEADVILLE

PARENT/GUARDIAN CONSENT

All Volunteers under the age of 18 must have their parent/guardian execute a copy of the following Consent prior to participating in Planned Pethood Leadville activities:

By signing below, I hereby give permission for _____ to volunteer for the Planned Pethood Leadville (PPL) Spay/Neuter/Vaccine/Microchip Clinic (the "Clinic"). I declare that I am the parent or legal guardian of the above-named child, and I have custody and control of the child.

In the event the child becomes ill, is injured or requires medical attention during the Clinic, I hereby request that you contact me or the alternate emergency contact listed below. In the event that neither of us can be reached, I hereby authorize PPL to secure such medical treatment for my child as it deems necessary. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with such medical treatment.

I understand that as a volunteer with the Clinic, my child may be handling domestic pet animals and using or walking or standing on surfaces that may have fluids or wastes typically associated with the presence or medical treatment of such animals. I acknowledge that there are inherent risks with the handling of such animals or use of such surfaces, including without limitation bites, scratches, cuts, falls and damage to clothing or property, and I assume all risks and hazards related to the same and my child's participation as a volunteer with the Clinic. I hereby waive, release, indemnify and agree to hold harmless PPL, Matilda Enterprises, LLC t/a FREIGHT and Planned Pethood International, their officers, directors, organizers, sponsors, employees, volunteers, and participants for any claim resulting from, arising out of or in connection with any illness or injury to my child or damage to property incurred during their participation as a volunteer with the Clinic.

Parent/Guardian Printed Name: _____

Signature: _____ | Date: _____

Telephone Number: _____

Alternate Emergency Contact Name: _____

Alternate Emergency Contact Telephone Number: _____