



**THE HUMANE SOCIETY OF CAMDEN COUNTY, INC.
COVENANT AND RELEASE**

In consideration of Humane Society of Camden County, Inc., (HSCC) accepting my application for participation in HSCC programs, I agree to release and hold harmless HSCC from and against any and all loss, damage, claims, liability, costs, and expenses, of any nature whatsoever, including without limitation attorney's fees and disbursements, arising from or occasioned by my participation in HSCC programs. I understand there are certain risks inherent in handling animals and I accept those risks. I understand if an accident or injury should occur, no matter how minor, that advise the Shelter Manager and seek any necessary medical attention utilizing my own medical insurance.

If you are a parent or guardian applying for a minor, you agree to the following: I give permission for my child to participate in the volunteer program at the HSCC. I release and hold harmless the HSCC, its agents, and employees from responsibility or liability arising out of my child's participation. I understand there are certain risks inherent in dealing with animals. I certify that my child is covered under my health insurance policy should injury take place while volunteering or participating and I will be responsible for his/her medical bills. In witness whereof, the undersigned volunteer executes and seals this instrument.

In witness whereof, the undersigned volunteer executes and seals this instrument.

Date

Volunteer Signature

If a minor, parent or guardian signature.

Name

Address

_____, _____, _____
City, State, Zip code

Telephone Number: _____

In case of emergency notify:

Name

Telephone Number: _____

Acknowledged and witnesses before me this _____ day of _____, _____.

Notary Public (Seal)