



12330 Eagles Nest Rd.
Berlin, MD 21811
410-213-0146

**VOLUNTEER/VISITOR RELEASE FORM FOR MINORS (under the age of 18)
PARENTAL CONSENT REQUIRED**

I, _____, being the parent or legal guardian of _____ (the "Minor") hereby consent to and authorize the Minor to act as a volunteer/visitor for the **WORCESTER COUNTY HUMANE SOCIETY**. I acknowledge and agree that activities performed by the Minor as a volunteer/visitor will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established by the **WORCESTER COUNTY HUMANE SOCIETY**, and that failure to do so may result in the Minor's immediate removal as a volunteer/visitor. I am aware of the nature of the activities to be performed by the Minor as a volunteer/visitor and recognize that in performing volunteer/visitor tasks, a risk of harm or injury exists. I agree that all volunteer/visitor activities are to be performed by the Minor at the Minor's risk. I assume full responsibility, on behalf of myself, the Minor, and our respective heirs and personal representatives, I agree not to hold or attempt to hold the **WORCESTER COUNTY HUMANE SOCIETY**, their population served, volunteers, or staff responsible for any injury or damage sustained or incurred by the Minor, arising out of or in any way connected with the Minor's activities as a volunteer/visitor for the **WORCESTER COUNTY HUMANE SOCIETY**. I hereby release and discharge the **WORCESTER COUNTY HUMANE SOCIETY**, their employees, and their volunteers from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

_____ Signature of Parent/Legal Guardian & Date

_____ Printed Name of Parent/Legal Guardian

_____ Phone Number(s) for Emergencies

_____ Signature & Date of Volunteer Coordinator

_____ Printed Name of Volunteer Coordinator or Designee