

Happy Hills Animal Foundation, Inc.
3143 Happy Hills Drive
Staley, NC 27355
336-622-3620

I, _____, for and in consideration of the opportunity to participate in the volunteer program of Happy Hills Animal Foundation, Inc. or to perform duties which would otherwise be accomplished by a Happy Hills employee, do hereby agree as follows:

- (1) I hereby waive for myself, my heirs, executors, administrators or assignee, any and all claims, demands, actions, or causes of action against Happy Hills Animal Foundation, Inc., its officers, administrators, agents, and employees of whatever kind or nature which may arise in any manner by reason of injury or damage
- (2) to my person or property or both while I am observing any operation, or participating in this program in any other manner, to the fullest extent allowed by law.
- (3) I understand that my participation may be terminated by the foundation at any time in the discretion of the foundation.

I have read the foregoing waiver and covenant not to sue and understand that it constitutes a formal legal document.

Participant Signature & Printed Date

Address: Physical & Mailing Phone

City State Zip

Witness Signature Date

If Participant is a minor, Parent or guardian to sign below.

As the Parent/Guardian of _____, I understand that my child will be participating in activities at Happy Hills Animal Foundation, Inc. and that my child may have contact with companion animals. I also understand that animal behavior is sometimes unpredictable and that animals are capable of inflicting injury even though the staff will take every precaution to ensure the safety of everyone. I assume any and all risks and release, indemnify, and hold harmless Happy Hills Animal Foundation, Inc. and/or any of its representatives for any injury resulting from my child's participation in activities. I understand that my child will remain on the Happy Hills Animal Foundation, Inc. property.

I authorize Happy Hills Animal Foundation, Inc. and its agents to seek emergency medical treatment for my child. I know of no medical or other condition that would prevent my child from participation.

Parent or Guardian Signature Date

Parent/Guardian Printed Name

Address Phone

City, State, Zip Code Alternate Phone