



*Pets Alive Westchester Animal Sanctuary*  
100 Warehouse Ln So ♦ Elmsford, NY ♦ 10523  
Phone (914) 592-7334 ♦ Fax (914) 347-8819  
[www.petsalivewest.org](http://www.petsalivewest.org)

### *Parental Consent & Release for Minor Volunteers*

In order to participate in the Pets Alive West, Inc. Volunteer Program, minors are required to obtain parental consent:

As the \_\_\_\_\_ parent \_\_\_\_\_ legal guardian (check one) of \_\_\_\_\_ (“My child”), I hereby authorize my child to participate in the Pets Alive West Volunteer Program. I understand that my child is being allowed to provide volunteer services on Pets live West property at my request. I recognize that in handling animals and performing other tasks, there exists a risk of physical injury, including, but not limited to that of which could be caused by the animals. In consideration of the permission granted to my child by Pets Alive West, to participate in this volunteer work, I HEREBY ASSUME ALL RESPONSIBILITY AND RISK OF INJURY THAT MIGHT OCCUR TO MY CHILD OR MY PROPERTY AND AGREE TO INDEMNIFY, HOLD HARMLESS, RELEASE, AND DEFEND PETS ALIVE WEST, IT’S OFFICERS, AGENTS SERVANTS, AND EMPLOYEES FROM ANY CLAIMS OR SUITS FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY MY CHILD IN CONNECTION WITH MY CHILD’S VOLUNTEER SERVICES, WHETHER OR NOT DAMAGES OR INJURIES ARE CAUSED DIRECTLY OR INDIRECTLY BY NEGLIGENCE OF OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES OF PETS ALIVE WEST.

FUTHERMORE, I HEREBY ASSUME ALL RESPONSIBILITY AND AGREE TO IDEMNIFY, HOLD HARMLESS, AND DEFEND PETS ALIVE WEST, ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES, FROM ANY AND ALL CLAIMS OR SUITS, FOR PROPERTY DAMAGE OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH, SUSTAINED BY OTHERS BY REASON OF MY CHILD’S PERFORMING VOLUNTEER SERVICES.

AGREED to this \_\_\_\_\_ day of \_\_\_\_\_, 2011

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Parent/Guardian Name (Printed)*

**PARENTAL CONSENT & RELEASE FOR MINOR VOLUNTEERS**  
**(Page 2)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Birth Date \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_