

THE CRITTER BARN

Parental Consent and Release Form

Parental Acknowledgement, Medical Authorization, Indemnification/Waiver of Liability

My child/children _____
is/are attending and/or volunteering at the Critter Barn, a Michigan non-profit organization located at 9275 Adams Street, Zeeland, Michigan 49464 with my consent.

I am aware that there are inherent risks involved both directly and indirectly in any Critter Barn program or activity. The Critter Barn administrators are authorized to arrange for emergency care as needed.

I am the parent/ legal guardian of the above child/children and on behalf of the above child/children, their next of kin, heirs, executors, personal representatives, successors and assigns, do hereby exempt, release, waive, discharge, indemnify and hold harmless for myself, the above child/children or any minor in my custody, Critter Barn, and their members, directors, officers, volunteers, employees and agents (the "Indemnified Parties") from and against all actions, claims, demands, proceedings, suits, losses, damages, costs, reasonable attorney fees, and expenses of whatsoever kind or nature, including but not limited to death, injury, loss or damage to any person or property arising in any way out of or connected with the above children attending and/or volunteering at the Critter Barn except to the proportionate extent that such actions, claims, demands, proceedings, suits, losses, damages, costs and expenses were caused by the gross negligence or willful misconduct by the Indemnified Parties or any of them.

I acknowledge that the above indemnification and waiver of liability applies to all visitors and guests to the Critter Barn as well.

In addition to the foregoing paragraph, in no way shall the Critter Barn or its' volunteers be responsible for any costs or legal fees associated in any way with any claims from the above attending and/or volunteering.

I am the parent/legal guardian of the above named children. I have read and agree with all of the above.

**MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT,
UNDERSTAND IT COMPLETELY, AND AGREE TO BE BOUND BY ITS TERMS.**

Date

Signature of Parent or Legal Guardian

HEALTH INSURANCE INFORMATION

Name of Policy Holder _____

Policy Number /Insurance ID Number _____

Insurance Carrier/Phone Number _____

Family Physician's Name and Telephone _____

Is the child allergic to any medications or food? No Yes

My child/children _____
is/are attending and/or volunteering at the Critter Barn, a Michigan non-profit organization located at 9275 Adams Street, Zeeland, Michigan 49464 with my consent. The Critter Barn administrators are authorized to arrange for emergency care as needed. I hereby exempt, release and hold harmless the Critter Barn and its' volunteers from any and all liability claims or causes of action whatsoever arising out of, or which may result from the above child/children attending and/or volunteering at the Critter Barn.

I am the parent/legal guardian of the above named children. I have read and agree with all of the above.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, UNDERSTAND IT COMPLETELY, AND AGREE TO BE BOUND BY ITS TERMS.

Date

Signature of Parent or Legal Guardian

If your child/children has/have asthma, you must alert the Critter Barn designated staff and must send along the appropriate medicine.

We would not encourage young children with asthma to attend and/or volunteer at the Critter Barn unless they are fully responsible with and trained in the use of their medical equipment.