

# Road Trip Home Animal Rescue

PO Box 372

Acworth, GA 30101

## Student Volunteer Waiver

I acknowledge that my child will be directly handling dogs and cats of unknown histories, origins, and tendencies and as such, he/she will exercise caution in his/her encounters and take personal responsibility for any scratches, bites, nips, falls, abrasions, etc. that may occur as a result of his/her participation. I further acknowledge that working within the Road Trip Home quarantine room at Lake City Animal Hospital I may encounter airborne illnesses which may be carried home to my pets. I will take the necessary precautions to ensure this does not happen and follow all of Lake City Animal Hospital's guidelines for cleanliness when entering and exiting the Road Trip Home Quarantine Room.

***If under the age of 18***, either:

My parent or guardian will sign below and accompany me at all times while volunteering at Lake City Animal Hospital,  
OR

A designated supervisor (i.e. club sponsor) may stand in for a parent/guardian while volunteering at transports and/or fundraising events after a waiver signed by the parent has been submitted. If any emergency medical procedures or treatment are required for the student during the event, I consent to the designated supervisor(s) taking, arranging for, or consenting to the procedures or treatment in his/her or their discretion.

**STUDENT VOLUNTEER INFORMATION:** Name: \_\_\_\_\_  
PRINT FIRST AND LAST NAME

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:** Name: \_\_\_\_\_  
PRINT FIRST AND LAST NAME

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

I (the parent/guardian) agree to the aforementioned and in addition release Road Trip Home, its volunteers, officers, board of directors and Lake City Animal Hospital and its employees, from any and all liability which the minor in my charge may sustain and/or damage and/or loss to their personal property during the course of any minor's activities as a volunteer.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_