



**VOLUNTEER 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 for Paws Crossed Animal Rescue Inc. ("PCAR") at its shelter/facility located at 100 Warehouse Lane South, Elmsford, New York. I acknowledge and agree that activities performed by the Minor as a volunteer 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 from time to time by PCAR and that failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer and recognize that in performing volunteer tasks, a risk of harm or injury exists. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility for such activities. In case of an accident or medical emergency, I authorize PCAR and its staff to secure proper treatment for the Minor by a duly licensed medical doctor, clinic or hospital.

On behalf of myself and the Minor, I agree not to hold or attempt to hold, PCAR or its officers, directors, or staff (including volunteers) 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 for PCAR, and I hereby release and discharge PCAR, its officers, directors and staff (including volunteers) from any and all claims and causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor as a volunteer for PCAR.

**I HAVE READ THIS DOCUMENT AND THE VOLUNTEER AGREEMENT SIGNED BY THE MINOR CAREFULLY, AND UNDERSTAND THAT THEY INCLUDE A RELEASE AND WAIVER OF CERTAIN RIGHTS AND AN ASSUMPTION OF RISK**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

Minor's Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Contact Name **and** Phone Number(s) for Emergencies

\_\_\_\_\_  
PAWS CROSSED REPRESENTATIVE SIGNATURE AND NAME