

# Volunteer Release

Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Parent or guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Parent or guardian (2): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Allergies, Medical conditions or limitations: \_\_\_\_\_

I, \_\_\_\_\_, am the parent, legal guardian or care taker of \_\_\_\_\_.  
 My child and I have received, read, and agree with the Volunteer Job description. My child and I understand that this position is voluntary and not paid. My child and I understand that Zany Zoo Pets, LLC will provide forms or letters needed when volunteering is done for school/work credit.

**My child and I understand that as a volunteer, my child will be handling live animals and that all animals are capable of biting, scratching, or otherwise causing injury. My child and I understand that there are animals present that can be considered "dangerous" and that all precautions are taken to keep our petting zoo a safe and fun place. \_\_\_\_\_**  
 (parent/guardian init)

**I agree that Zany Zoo Pets, LLC is not responsible and will not be held liable for any injuries, losses, or medical expenses incurred while volunteer is actively volunteering at or with Zany Zoo Pets, LLC, on or off premises, during any transport, or if they leave the premises without notice or with an unauthorized person. \_\_\_\_\_**  
 (parent/guardian init)

My child has my permission to participate in the all of Zany Zoo's activities	Yes	No
My child has my permission to attend petting zoo presentations off premises	Yes	No
My child has my permission to leave the premises while volunteering	Yes	No
My child has my permission to be transported to off-site presentations by ZP Staff	Yes	No

Restrictions: \_\_\_\_\_

**DAYS AVAILABLE FOR VOLUNTEERING AT PETTING ZOO**

SATURDAY       SUNDAY       BOTH

**WHEN ARE YOU AVAILABLE TO COME IN IF CALLED**

SAME DAY NOTICE       WITH NOTICE

**TRANSPORTATION TO OFF SITE PRESENTATIONS**

HAVE OWN TRANSPORTATION       NEED TRANSPORTATION

\_\_\_\_\_  
 Volunteer signature

\_\_\_\_\_  
 date

\_\_\_\_\_  
 Parent or legal guardian signature

\_\_\_\_\_  
 date

**~PLEASE SIGN BOTH SIDES OF THIS FORM~**

