



## RELEASE FORM

PLEASE PRINT

Name:	Phone:	
Address:		
City:	State:	Zip:
E-mail:		

By signing below, I hereby agree to release South Florida Society for the Prevention of Cruelty to Animals (SFSPCA) and its officers, directors, agents, insurers, employees and volunteers from any and all claims and causes of action which I have now or which may arise at any time in the future from any volunteer activity associated with SFSPCA, including without limitation to hauling, transportation or handling of any horse or horses or other animal which occurs on any property occupied, leased or used by SFSPCA ("SFSPCA Property"), while traveling to or from SFSPCA Property, or in connection with any SFSPCA operation activity or event. Through this release, I agree to extinguish all present and future claims against SFSPCA whether arising from negligent or non-negligent activity or other tortuous conduct including claims for injury or death of any person or animal and damage or destruction of any property, vehicle or equipment.

I hereby consent to the use of photographs of my child/dependent/self, and or any copies of photographs in any editorial and/or promotional material produced and/or published by the South Florida SPCA. I understand that signing this release does not guarantee publication of photo.

This agreement and general release sets forth my entire agreement with SFSPCA and fully supersedes any prior agreements or understandings between SFSPCA and me. By signing this agreement, I acknowledge that I have entered into it voluntarily and with full opportunity for reflection and consultation.

By: \_\_\_\_\_ Dated: \_\_\_\_\_  
*Signature*

By: \_\_\_\_\_ Dated: \_\_\_\_\_  
*Parent/Guardian Signature (if Volunteer is under age 18)*

### EMERGENCY CONTACTS

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

List Allergies: \_\_\_\_\_ Do you have an epi pen?:  yes  no