

Minor Volunteer Release and Authorization for Medical Treatment

**ALL VOLUNTEERS UNDER AGE 18 MUST HAVE THIS RELEASE AND AUTHORIZATION
SIGNED BY A PARENT OR GUARDIAN BEFORE PARTICIPATING.**

Minor Child's Name (please print): _____

I wish to allow my minor child to volunteer his or her services to Friends of Jacksonville Animals, Inc., a Florida not for profit corporation ("FOJA"). In consideration of FOJA locating, arranging, coordinating and making available volunteer opportunities, I acknowledge, understand, and agree to the following:

[1] Description of Activities

I understand that the nature of the volunteer services which are typically performed by FOJA volunteers, and which may be performed by my child as a FOJA volunteer, involve (a) physical activity, (b) contact with unidentified and unfamiliar persons, (c) possibly contact with animals, including dogs and cats, and (d) other activities involving potential risk of injury (the "Activities").

[2] Release from Liability and Waiver of Claims

I hereby assume all risk associated with my child's participation in the Activities. I hereby release FOJA, Animal Care & Protective Services, their affiliates, employees, agents, directors, officers, partners, successors, assigns, licensees, sponsors, donors, representatives, guests, and affiliates (collectively, the "Released Parties") from any liability related to the Activities. I hereby covenant not to sue the Released Parties for any injury to my child's person or property arising out of the Activities. I hereby waive all claims, losses, liabilities, demands and causes of action against the Released Parties related to my child's participation in the Activities.

[3] Authorization for Medical Treatment

If my minor child is injured in an accident or suffering from an illness, disease, or condition that, if not treated or cared for without delay, would endanger the physical health or well-being of my minor child, I hereby grant FOJA permission to seek emergency medical care for my minor child. Any medical care administered for my child will be in accordance with Florida Statutes §743.064. As such, only a licensed physician will render medical care and only after it has been determined that I cannot be immediately reached by telephone at the telephone number provided below. I hereby authorize any FOJA representative to select a medical doctor and/or insurance-appropriate hospital for the purpose of diagnosis or treatment of the above named minor.

Please list any restrictions to the foregoing paragraph:

Please list any allergies or specify any medical requirements related to your child:

Emergency Contact _____ Telephone Number _____

[4] Use of Likeness

I hereby give FOJA, its successors, licensees, agents, employees, affiliates, and assigns (the "Permitted Parties"), the right to use my child's name, photograph, likeness, image, voice, quotations and biography in any media, including publications, advertising, and publicity, in connection with my child's participation in the Activities. I agree that, should the Permitted Parties choose to use the foregoing in any media such as newsletters or internal publications, the Permitted Parties need not compensate me or my child in any way.

[5] Governing Law

I agree that the laws of the State of Florida govern this Release and Authorization.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

(pursuant to Florida Statutes §744.301(3))

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF FRIENDS OF JACKSONVILLE ANIMALS, INC. AND THE RELEASED PARTIES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM FRIENDS OF JACKSONVILLE ANIMALS, INC. AND THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND FRIENDS OF JACKSONVILLE ANIMALS, INC. HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I have read the foregoing Release and Authorization, and I give my express consent, which I hereby agree not to revoke.

Name of Parent or Guardian_____

Signature of Parent/Guardian_____ Date _____

Street Address_____

City, State, Zip Code_____

Telephone Number_____ Email Address: _____

Witness Name (print):_____

Witness Signature:_____