



**MONTGOMERY COUNTY
HUMANE SOCIETY**
— COMPASSION IS OUR CAUSE —

Release Form

Date _____ Child's Name _____

Birthdate _____ Parent/Guardian _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Check here if you would you like to receive our E-Newsletter and be added to our mailing list. _____

List any Allergies _____

Parents and guardians for children under 18 years of age: Please read carefully and sign at the bottom. In signing this application, I understand and agree to the following:

- I understand that my child will be instructed on proper handling of animals. I will take ideas, comments, suggestions, and constructive criticism directly to the Director of Humane Education.
- I understand that my child will always be supervised when handling animals. If I am an attending adult, I agree to assist MCHS staff in maintaining good behavior among the class or youth group whether visiting MCHS facilities or participating in off-site programs. This includes following all MCHS rules for public health and public safety while observing or interacting with shelter animals, or staff and animals representing MCHS at other locations.
- I hereby declare that I shall not hold Montgomery County Government or its contractor, the Montgomery County Humane Society, Inc., liable for any injury, illness, or disease my child contracts or sustains while visiting the County Animal Shelter, participating in MCHS programs at any other location, or interacting with MCHS employees and animals representing MCHS at any other location.
- MONTGOMERY COUNTY, MARYLAND MAKES NO REPRESENTATIONS CONCERNING ANY ANIMAL'S EXPOSURE TO RABIES OR OTHER DISEASES.
- My signature below constitutes permission for the Montgomery County Humane Society to photograph my dependent and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Parent Signature _____ Name (Print) _____

If over 18, I also agree to the above. Further, I agree to abide by the rules and policies set forth by MCHS. I hold harmless in event of accident, injury, or illness.

Signature _____ Name (Print) _____