



## Animal Care and Adoption Center (ACAC) Youth Volunteer Program

### **Applicant Age Requirement**

The Virginia Beach Animal Care and Adoption Center's Youth Volunteer Program has an age requirement of 15-17 years of age.

Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### **Parental or Guardian Waiver and Release of Claims**

Parent Last Name: \_\_\_\_\_ Parent First Name: \_\_\_\_\_ Parent Middle: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact (Name and Relation): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

I, \_\_\_\_\_, hereby give my child, \_\_\_\_\_ (participant's full legal name), permission to volunteer with the City of Virginia Beach, through its Virginia Beach Animal Care and Adoption Center. I agree to waive, release, and forever discharge any and all claims, rights and causes of action against the City of Virginia Beach and their respective officers, officials, employees, and agents for injury or damage caused or alleged to be caused as result of my child volunteering at the Animal Care and Adoption Center. I agree to this waiver and release for and for all my heirs, personal representatives, next of kin, and assigns. I hereby confirm that I am the parent or legal guardian of the child listed in this paragraph.

My signature certifies that I understand and voluntarily assume all risks associated with my child's participation in the program, including the possibility of accidental or other physical injury or death. I understand that my child will be working directly with animals, and assume all risks on behalf of my child, associated with such animal contact. I understand that my child may be exposed to a scratch or bite, which shall require a 10-day quarantine of the animal involved, to test for rabies.

I agree to indemnify and hold harmless the City of Virginia Beach, its agents, volunteers, servants, employees and officials from and against any liability or claim resulting from my child's participation in this program. This waiver and release of all claims and assumption of risk is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia. If any portion of this document is held invalid, the remainder shall continue in full force and effect.

By signing below, I am certifying that I am a person lawfully authorized to execute this document.

I have carefully read and fully understand the meaning of this document. I agree to all the terms set forth herein, and I have voluntarily signed below.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **Photographic Release Approval**

My signature below grants permission to the City of Virginia Beach, through its Virginia Beach Animal Care and Adoption Center, their agents, employees, volunteers, and assignees, to use all photos, videos, and/or audio clips taken of the child named below (and on page 1 of this document) for promotional brochures, promotions or showcase of programs on City websites and in local newspapers, and for other not-for-profit purposes.

By signing below, I also certify that I am a person lawfully authorized to grant such permission.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_