

**VOLUNTEER RELEASE FORM FOR MINORS (17 years old or younger)**  
**PARENTAL CONSENT REQUIRED**

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_ (the "Minor") hereby consent to and authorize the Minor to act as a volunteer for the Columbus County Animal Control Services (the "Shelter").

I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established from time to time by the Shelter and that failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer and recognize that in handling animals and performing other volunteer tasks, a risk of harm, injury, illness or disease exists, including physical harm, illness, or disease caused by animals. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore.

I understand that public relations are an important part of volunteering at the Shelter. I consent to and authorize the Shelter to use any photographs taken of the Minor for public relations.

On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree not to hold or attempt to hold the Shelter or Columbus County, their officers, County Commissioners or employees, responsible for any injury or damage sustained or incurred by the Minor, arising out of or in any way connected with the Minor's activities as a volunteer for the Shelter. I hereby release and discharge the Shelter and the County of Columbus, their officers, County Commissioners and employees from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Volunteer Coordinator or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Volunteer Coordinator or Designee