



Release of Liability:

Humane Indiana aims to provide an enjoyable, safe, and educational camp experience for all participants. However, parents /guardians registering their child in programs and activities must recognize the potential risk of injury that participation entails. In order to reduce the risks, Humane Indiana requires participants to follow all Critter Camp and Humane Indiana safety rules.

By signing below, I acknowledge and recognize the inherent risks of physical injury to participants in the above program. I agree to assume the full risk of any and all loss, damages, or injuries my child may sustain as a result of their participation and activities in the above program. I do hereby fully release discharge and hold harmless Humane Indiana, its agents, volunteers, and employees or anyone acting on its behalf from and against any and all liability arising out of or relating to my child's participation in the above program, including but not limited to causes of actions, law suits, damages, judgement, or claims for personal injury and/or death.

Parent/Guardian Signature

Date:

Authorization To Possess, Self -administer & Use Epinephrine Auto-injector Or Inhaler

Child's Name:

D.O.B.

I hereby authorize my child to possess, self administer and use an epinephrine auto-injector or inhaler if necessary during my child's attendance at the summer camp program at Humane Indiana. I represent and verify that my child has the knowledge and skill to safely possess, self-administer and use an epinephrine auto-injector or inhaler while at Humane Indiana.

I also understand and agree that the medication is intended solely for their medical care and will not be shared with other children

I hereby agree to hold harmless and indemnify Humane Indiana, and its employees, volunteers and/or agents, either jointly or severally, from and against any and all claims, demands, damages or cause of action, or injuries including reasonable attorney's fees and costs in the defense thereof, resulting from arising out of the provision of emergency medical treatment by them or by physician and/ or other medical personnel.

I agree that medical information supplied to Humane Indiana for the purpose of the provisions of care to my child may be shared with Humane Indiana staff and volunteers who will be involved with my child's summer camp experience.

Parent/Guardian Signature

Date:



Humane Indiana

Photo Release

I hereby authorize Humane Indiana and all its subsidiaries hereafter referred to as "Humane Indiana" to publish photographs taken of my child during critter camp session _____. These photographs can be used in Humane Indiana's print, online and video-based marketing materials as well as other company publications.

I hereby release and hold harmless Humane Indiana, Inc. From any reasonable expectation of privacy or confidentiality associated with images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other company publications. I acknowledge and agree that publication of said photos confers no rights or ownership or royalties whatsoever.

I hereby release Humane Indiana, its contractors, its employees, and any third parties involved in the creation or publication or marketing materials, from liability for any claims by me or any third party in connection with my participation.

Child's Name:

D.O.B.

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Parent/Guardian Print

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Parent/Guardian Signature

Date:

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