



MINOR PARTICIPATION WAIVER

Required for Volunteers Under the Age of 18

INSTRUCTIONS: 1) Please complete in full, 2) write N/A if not applicable, 3) forward completed & SIGNED waiver, along with a completed volunteer application to thepitbullpen@gmail.com or mail to The Pit Bull Pen, Attn: Trish TrickiT, PO Box 1186, Benton City, WA 99320.

VOLUNTEER INFORMATION

Name:	Date of Birth:
Cell Phone:	Home Phone:
Email Address:	
Address: (#, PO Box, City, State, Zip)	

PARENT/LEGAL GUARDIAN INFORMATION

Name:		
Address: (#, PO Box, City, State, Zip)		
Email Address:		
Cell Phone:	Home Phone:	Work Phone:

IN CASE OF EMERGENCY

Name of Emergency Contact:	
Relationship to Volunteer:	Phone Number(s):
In case of emergency, what hospital do you prefer we contact?	
Does your child have any special concerns or medical conditions that we need to be aware of? _____. Please specify:	

WAIVER AND CONSENT

I give permission for my son/daughter, _____, to participate as a volunteer at The Pit Bull Pen, a volunteer pit bull rescue organization located in Benton City, Washington.	
I do hereby accept full responsibility for any and all liability resulting from these activities. I am aware of the hazards and dangers associated with handling rescue dogs, and I further agree not to hold The Pit Bull Pen liable for any injury sustained by my child.	
I give permission for The Pit Bull Pen staff to take photos and other visual and/or audio recordings of my child and consent to releasing and showing the materials as they deem appropriate (website, social media, etc.).	
_____ Signature of Parent/Legal Guardian Named Above	_____ Date